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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

EMMA KOE, ET AL.,	)	
	)	
PLAINTIFFS,	)	
	)	CIVIL ACTION
V.	)	NO. 1:23-CV-02904-SEG
	)	
CAYLEE NOGGLE, ET AL.,	)	VOLUME 2 OF
INC., ET AL,	)	
	)	
DEFENDANTS.	)	

TRANSCRIPT OF PROCEEDINGS
BEFORE THE HONORABLE SARAH E. GERAGHTY,
UNITED STATES MAGISTRATE JUDGE
AUGUST 11, 2023.

A P P E A R A N C E S:

ON BEHALF OF THE PLAINTIFF:

BENJAMIN BRADSHAW, ESQ.
STEPHEN MCINTYRE, ESQ.
MEREDITH GARAGIOLA,ESQ.
O'MELVENY & MYERS

CYNTHIA CHENG-WUN WEAVER, ESQ.
HUMAN RIGHTS CAMPAIGN FOUNDATION

ELIZABETH LYNN LITTRELL, ESQ.
SOUTHERN POVERTY LAW CENTER

CORY ISAACSON, ESQ
AMERICAN CIVIL LIBERTIES UNION

ON BEHALF OF THE INTERVENORS:

EDWARD D. BUCKLEY, ESQ.
THOMAS JOSEPH MEW, IV, ESQ.

ON BEHALF OF THE DEFENDANTS:

PATRICK STRAWBRIDGE, ESQ.
JEFFREY MATTHEW HARRIS, ESQ.
TIFFANY BATES,ESQ.
CONSOVOY MCCARTHY PLLC

PROCEEDINGS RECORDED BY MECHANICAL STENOGRAPHY, TRANSCRIPT PRODUCED BY COMPUTER.

MELISSA BROCK, RMR, RPR
FEDERAL OFFICIAL COURT REPORTER
75 TED TURNER DRIVE, SW, SUITE 1949-B
ATLANTA, GEORGIA 30303-3309

I N D E X

PROCEEDINGS

THE COURT: GOOD MORNING. PLEASE BE SEATED.

ALL RIGHT. COUNSEL, WE HAVE TWO MORE WITNESSES TODAY; IS THAT CORRECT?

MR. BRADSHAW: THAT'S CORRECT, YOUR HONOR. ONE FOR THE PLAINTIFFS AND ONE FOR THE DEFENDANTS.

THE COURT: ALL RIGHT. AND WHO WILL YOU BE CALLING FIRST?

MR. BRADSHAW: WE WILL BE CALLING DR. MASSEY, REN, MASSEY.

THE COURT: OKAY. ALL RIGHT. JUST A FEW HOUSEKEEPING MATTERS BEFORE WE GET STARTED.

ONE IS THAT THERE IS AN OUTSTANDING MOTIONS ON THE DOCKET FOR LEAVE TO FILE AN AMICUS BRIEF ON BEHALF OF THE AMERICAN ACADEMY OF PEDIATRICS AND SOME ADDITIONAL NATIONAL AND STATE MEDICAL AND MENTAL HEALTH ORGANIZATIONS. I DIDN'T SEE ANY OPPOSITION TO THAT MOTION ON THE DOCKET, SO I'M GOING TO --

MR. STRAWBRIDGE: WE DON'T OPPOSE.

THE COURT: OKAY. THANK YOU.

SO I'M GOING TO GRANT IT AND THE CLERK IS DIRECTED TO FILE DOCUMENT 23-1 ON THE DOCKET.

THE OTHER THING WAS JUST A QUESTION I HAD FOR YOU ALL ABOUT EXPERTS. I NOTICE NO ONE MOVED TO QUALIFY ANY OF THE WITNESSES AS EXPERTS. I ASSUME THAT'S BECAUSE YOU-ALL

HAVE AGREED THAT YOU DO NOT -- THAT ALL EXPERTS SHOULD BE SO QUALIFIED; IS THAT CORRECT?

MR. BRADSHAW: THAT'S CORRECT, YOUR HONOR. JUST FOR PURPOSES OF THIS HEARING.

THE COURT: OKAY.

MR. STRAWBRIDGE: THAT'S FAIR. I THINK THE PARTIES AGREE THAT A FORMAL PROFFER WASN'T REQUIRED AND ALL QUALIFICATIONS WERE PROPER. EVERYBODY RESERVES THE RIGHT TO ARGUE, YOU KNOW, BASED ON THE WEIGHT OF THE TESTIMONY.

THE COURT: CERTAINLY. OKAY. THANKS.

AND THEN THE OTHER THING I JUST WANTED TO SAY IS I'M LOOKING FORWARD TO THE ARGUMENT LATER TODAY.

IN THINKING FURTHER ABOUT THE ISSUES AFTER YESTERDAY'S TESTIMONY, THERE ARE SOME QUESTIONS THAT I JUST WANTED TO PREVIEW FOR YOU ALL, SO THAT WE MIGHT TALK ABOUT THEM IN CLOSING TODAY.

SO THE FIRST IS THIS: WE'VE HEARD FROM A NUMBER OF MEDICAL EXPERTS AND WE ARE DUE TO HEAR FROM OTHERS TODAY, AND THE TESTIMONY AND THE VOLUMINOUS DECLARATIONS HAVE GIVEN ME A GREAT DEAL OF CONTEXT, WHICH I CERTAINLY APPRECIATE.

BUT MY ROLE, OF COURSE, IS NOT TO BE AN ARBITER OF MEDICAL DECISION MAKING, BUT TO DETERMINE THE CONSTITUTIONALITY OF THE STATUTE. SO IT WOULD BE HELPFUL IF EACH SIDE WOULD LIFT UP FOR ME WHAT YOU SEE AS THE CRUCIAL FACTS EMERGING FROM THE EXPERT TESTIMONY AND HOW THOSE FACTS

FIT INTO THE CONSTITUTIONAL ANALYSIS. YOU ALL LIKELY PLANNED TO DO THAT FOR ME, I RECOGNIZE, BUT I'D BE EAGER TO HEAR WHAT EACH SIDE HAS TO SAY.

SECOND, PLAINTIFFS, I WILL WANT TO HEAR YOUR POSITION ON WHETHER THIS IS A FACIAL OR AN AS APPLIED CHALLENGE TO THE STATUTE. IT WOULD BE HELPFUL FOR ME TO HEAR FROM BOTH SIDES ABOUT THE REDRESSABILITY ASPECT OF STANDING IN LIGHT OF THE STATUTORY PROVISION CRIMINALIZING PHYSICIANS FOR THE PROVISION OF CROSS HORMONE THERAPY.

WITH RESPECT TO THE SUBSTANTIVE DUE PROCESS CLAIM, FOR PLAINTIFFS, IT WOULD BE HELPFUL IF YOU COULD DISCUSS ANY BINDING ELEVENTH CIRCUIT PRECEDENT, BINDING PRECEDENT, THAT HAS APPLIED THE TROXEL CASE TO GRANT PARENTS A RIGHT TO A PARTICULAR DESIRED TREATMENT FOR THEIR CHILD.

AND THEN, FINALLY, I'D LIKE EACH OF YOU TO ADDRESS THE ISSUES THAT THE DEFENDANTS HAVE RAISED ABOUT THE SCOPE OF ANY POTENTIAL INJUNCTION.

ALL RIGHT. WITH THAT SAID --

MR. HARRIS: THE LACK OF THE SCOPE OF ANY -- I'M SORRY.

THE COURT: POTENTIAL INJUNCTION.

MR. HARRIS: THANK YOU, YOUR HONOR.

THE COURT: NO PROBLEM.

MR. BRADSHAW: YOUR HONOR, MY APOLOGIES.

COULD YOU REPEAT THE THIRD QUESTION THAT YOU HAD.

THE COURT: LET'S SEE. I THOUGHT I HAD MORE THAN THREE.

MR. BRADSHAW: JUST THE THIRD. ABOUT STANDING.

THE COURT: ABOUT REDRESSABILITY?

MR. BRADSHAW: YES.

THE COURT: SURE. SO THIS IS THE -- AS I UNDERSTAND IT, THE DEFENDANTS HAVE CHALLENGED STANDING ON A NUMBER OF GROUNDS, ONE OF WHICH IS REDRESSABILITY. AND THE ARGUMENT PRESENTED IN THE BRIEFING HAS TO DO WITH THE STATUTORY PROVISION THAT CRIMINALIZES OR POTENTIALLY CRIMINALIZES PHYSICIANS FOR THE PROVISION OF CROSS HORMONE THERAPY.

MR. BRADSHAW: I UNDERSTAND. THANK YOU.

THE COURT: OKAY. ALL RIGHT. WITH ALL OF THAT SAID, IS THERE ANYTHING ELSE THAT YOU ALL WOULD LIKE TO RAISE, BEFORE WE MOVE ON TO THE ADDITIONAL PRESENTATION OF EVIDENCE?

ALL RIGHT. IF YOU-ALL COULD CALL YOUR NEXT WITNESS, PLEASE.

MS. LITTRELL: WE CALL DR. REN MASSEY.

COURTROOM DEPUTY: IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND.

RENELLE MASSEY,

A WITNESS HEREIN, HAVING BEEN FIRST DULY SWORN, WAS EXAMINED AND TESTIFIED AS FOLLOWS:

COURTROOM DEPUTY: YOU MAY BE SEATED.

SIR, I JUST WANT TO REMIND YOU THAT YOUR TESTIMONY

IS IMPORTANT FOR THE ENTIRE COURTROOM TO HEAR, SO PLEASE SPEAK DIRECTLY INTO THE MICROPHONE, AND YOU MAY HELP YOURSELF TO ANY OF THE WATERS.

AT THIS TIME YOU, CAN STATE AND SPELL YOUR FIRST AND LAST NAME FOR THE RECORD.

THE WITNESS: YES. THANK YOU.

MY NAME IS RENELLE MASSEY. R-E-N-E-L-L-E. LAST NAME MASSEY, M-A-S-S-E-Y..

COURTROOM DEPUTY: THANK YOU, SIR.

DIRECT EXAMINATION

BY MS. LITTRELL:

Q GOOD MORNING, DR. MASSEY. WE'VE MET. MY NAME IS BETH LITTRELL AND I REPRESENT THE PLAINTIFFS.

CAN WE JUST START OFF BY LETTING YOU TELL US A LITTLE BIT ABOUT YOUR EDUCATIONAL BACKGROUND.

A YES. I RECEIVED A BACHELOR'S DEGREE IN PSYCHOLOGY FROM STETSON UNIVERSITY 1982. I COMPLETED A MASTERS DEGREE IN EXPERIMENTAL PSYCHOLOGY, MEANING FOCUSING ON RUNNING EXPERIMENTS AT FLORIDA ATLANTIC UNIVERSITY AND THEN I COMPLETED MY DOCTORATE 34 YEARS AGO TODAY FROM THE UNIVERSITY OF SOUTH FLORIDA, WHICH IS A PROGRAM APPROVED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION AND THE SCIENTIST PRACTITIONER MODEL. I COMPLETED MY INTERNSHIP AT -- IN GAINESVILLE, FLORIDA.

Q AND WHAT IS YOUR CURRENT PROFESSION?

A I AM A LICENSED PSYCHOLOGIST IN THE STATE OF GEORGIA WHERE I HAVE PRACTICED SINCE 1989 WITH A PROVISIONAL LICENSE AND A FULL LICENSE IN 1990.

Q AND DO YOU HAVE ANY ACADEMIC OR ADVISORY ROLES IN ADDITION TO YOUR CURRENT PRACTICE?

A I DO. I AM AN ADJUNCT ASSISTANT PROFESSOR AT EMORY UNIVERSITY SCHOOL OF MEDICINE IN THE DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES AND I HAVE SOME OTHER ROLES WITHIN -- THAT I HAVE HAD AND CURRENTLY HAVE WORKING WITH THE WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH OR WPATH --

Q OKAY.

A -- IN ADDITION TO MY CLINICAL PRACTICE, WHICH IS MY FULL-TIME WORK.

Q OKAY. WE'LL TALK A LITTLE BIT ABOUT YOUR ROLE WITH WPATH.

DO YOU HAVE -- DO YOU HOLD ANY POSITIONS IN WHICH YOU PEER REVIEW MEDICAL OR MENTAL HEALTH JOURNALS?

A YES. I AM A REVIEWER ON THE SPECIALTY TOPIC OF TRANSGENDER AND GENDER-DIVERSE HEALTH CARE WITH GENERAL SEXUAL MEDICINES SINCE 2016.

Q OKAY. AND WHAT IS YOUR AREA OF SPECIALTY WITH RESPECT TO YOUR CLINICAL PRACTICE?

A IT HAS BECOME TRANSGENDER AND GENDER-DIVERSE HEALTH CARE.

Q OKAY. AND WHAT PERCENTAGE OF YOUR CURRENT PATIENT LOAD ARE TRANSGENDER OR GENDER-DIVERSE ADOLESCENTS?

A APPROXIMATELY 70 PERCENT.
Q OKAY. OVER THE PAST FIVE YEARS, WHAT IS THE PERCENTAGE OF YOUR PATIENT LOAD THAT HAS BEEN TRANSGENDER OR GENDER-DIVERSE ADOLESCENTS?
A IN THE LAST FIVE YEARS, IT HAS INCREASED FOR A COUPLE OF REASONS. ONE IS THERE HAS BEEN MORE DEMAND AND I BROUGHT ON AN ASSOCIATE TO MY PRACTICE WHO I -- SOME OF THE ADULT PATIENTS WHO CALL MY OFFICE ARE WILLING TO SEE SOMEBODY WHO I HAVE TRAINED AND SO I CAN FOCUS ON THE ADOLESCENTS, SINCE MY ASSOCIATE DOESN'T WORK WITH ADOLESCENTS.
Q BUT OVER THE LAST FIVE YEARS, CAN YOU GIVE US A SENSE OF THE PERCENTAGE OF THE PATIENT LOAD THAT FALLS INTO THE CATEGORY THAT IS THE TARGET OF S.B. 140, THAT IS TRANSGENDER AND GENDER-DIVERSE ADOLESCENTS?
A WELL -- LIKE I THOUGHT I ANSWERED AROUND 70 PERCENT.
Q OKAY.
A I'M SORRY.
Q THAT WAS CURRENT PATIENT LOAD, BUT THAT'S ALSO REFLECTIVE OF THE LAST FIVE YEARS OF YOUR PRACTICE AS WELL?
A SOMEWHAT. AS I MENTIONED, IT HAS INCREASED SOME.
Q IT HAS INCREASED SOME. OKAY.
HOW ABOUT OVER THE COURSE OF YOUR CAREER? HOW MANY TRANSGENDER GENDER-DIVERSE ADOLESCENTS HAVE YOU TREATED?
A I WOULD ESTIMATE AROUND 600 OR MORE.
Q OKAY. THANK YOU. WAS THAT HERE IN GEORGIA?

A IT IS ALL HERE IN GEORGIA. ACTUALLY A FEW PEOPLE HAVE DRIVEN FROM OTHER STATES BECAUSE I'M ONLY LICENSED IN GEORGIA.

Q OKAY. YESTERDAY WE HEARD TESTIMONY ABOUT WPATH. AND DR. SHUMER, I BELIEVE, TESTIFIED THAT WPATH HAS PUBLISHED INTERNATIONALLY RECOGNIZED STANDARDS OF CARE FOR THE TREATMENT OF TRANSGENDER INDIVIDUALS.

WOULD YOU AGREE WITH THAT CHARACTERIZATION?

A YES.

Q AND YOU ARE FAMILIAR WITH WPATH?

A I AM.

Q WHAT IS WPATH?

A WPATH, THE WORD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH, IS AN INTERNATIONAL ORGANIZATION THAT'S BEEN AROUND SINCE 1979. IT HAD A DIFFERENT NAME PREVIOUSLY AND ITS GOAL IS TO PROMOTE RESEARCH, EDUCATION, AND HEALTH CARE POLICES FOR TRANSGENDER AND GENDER-DIVERSE INDIVIDUALS.

Q AND WHO COMPRISES WPATH? WHO MAKES UP WPATH?

A THE MEMBERSHIP, I BELIEVE NOW, IS OVER FIVE -- AROUND 4 OR 5000. I KNOW IT'S OVER 4000 PEOPLE FROM AROUND THE GLOBE, ALL OVER THE WORLD. AND THE WPATH BOARD HAS INTERNATIONAL MEMBERS FROM ALL CONTINENTS, I THINK, EXCEPT THE ANTARCTIC AND IT'S GLOBAL IN THE RESEARCH, JOURNAL, AND IN THE EDUCATION ARM.

Q AND ARE THE PEOPLE THAT YOU HAVE MENTIONED THAT COMPRISE WPATH, ARE THEY AFFILIATED WITH THE HEALTH-CARE INDUSTRY OR

ACADEMIA PROFESSIONALS IN ANY WAY? CAN YOU TELL US A LITTLE BIT ABOUT THEIR AFFILIATIONS?

A MOST OF THE PEOPLE, PARTICULARLY IN LEADERSHIP ROLES, ARE ACADEMIC RESEARCHERS AS WELL AS CLINICIANS.

Q OKAY. AND ARE YOU AFFILIATED WITH WPATH IN ANY WAY? YOU REFERENCED -- CAN YOU TELL US A LITTLE BIT ABOUT YOUR AFFILIATION WITH WPATH.

A YES. I'M A MEMBER AND THEN I BECAME A BOARD MEMBER FROM 2018 TO 2020. I BECAME A FACULTY MEMBER OF THE GLOBAL EDUCATION INSTITUTE OF WPATH BACK IN 2016 AND THEN SERVED ON THE STEERING GROUP FOR THE GLOBAL EDUCATION INSTITUTE OR GEI, IF I MAY, AND THEN I WAS SELECTED TO BE THE MENTAL HEALTH CHAIR OF THE PROGRAMMING GLOBAL EDUCATION INSTITUTE OFFERS. I HAVE A MEDICAL CO-CHAIR. TOGETHER WE ARE THE CO-CHAIRS. I OVERSEE THE MENTAL HEALTH SIDE OF THE PROGRAMMING FOR THE EDUCATIONAL PROGRAMS THAT WPATH GEI OFFERS AROUND THE GLOBE.

Q AND DO YOU HAVE ANY ROLE IN THE DEVELOPMENT OF THE STANDARDS OF CARE THAT WPATH HAS PUT OUT?

A YES. I SERVED ON THE COMMITTEE REVISING THE STANDARDS OF CARE, INCLUDING THE ADOLESCENT CHAPTER IN PARTICULAR.

Q WERE YOU INVOLVED IN DRAFTING THE STANDARDS OF CARE FOR THE ADOLESCENT CHAPTER?

A YES, I WAS.

Q STEPPING BACK TO THE STANDARDS OF CARE AT LARGE, HOW WERE THE STANDARDS OF CARE DEVELOPED BY WPATH?

A SO THE STANDARDS OF CARE DEVELOPED OVER FIVE YEARS AND THERE IS A STEERING GROUP THAT IS NOT THE SAME AS THE GLOBAL EDUCATION INSTITUTE, DIFFERENT BODY -- THERE IS A STEERING GROUP TO OVERSEE THE SELECTION FIRST OF THE CHAIR, DR. ELI COLEMAN, WHO ALSO OVERSAW THE ADULT STANDARDS OF CARE 7 FOR CONTINUITY SAKE. AND THEN THERE IS THE SELECTION OF CO-CHAIRS WHO HAD INTERNATIONAL STATUS AND EXPERTISE, DR. ASA RADIX WAS FROM BERMUDA; TRAINED IN THE UK, NOW IS PRACTICING IN NEW YORK. AND DR. JON ARCELUS, WHO'S FROM SPAIN AND NOW LIVES IN AND WORKS IN THE UNITED KINGDOM. THOSE WERE THE CO-CHAIRS OVERSEEING THE DIFFERENT CHAPTERS THAT HAD MENTAL HEALTH AND MEDICAL CONCERNS.

AND THEN PEOPLE HAD TO APPLY TO BECOME THE CHAPTER LEADS. THERE WERE ABOUT 50 APPLICATIONS. 24 CHAPTER LEADS WERE SELECTED, AFTER THE CHAPTERS HAD BEEN IDENTIFIED FOR THE TOPIC AREAS AND THEN APPROXIMATELY I THINK I READ A HUNDRED FIFTY OR SO PEOPLE APPLIED TO BE MEMBERS OF THE DIFFERENT CHAPTERS AND I THINK I SAW A HUNDRED TWENTY WERE SELECTED REPRESENTING 18 DIFFERENT COUNTRIES.

Q OKAY. AND WHAT ARE THE STANDARDS OF CARE BASED ON?

A THE STANDARDS OF CARE ARE BASED ON A MIXTURE OF SYSTEMATIC REVIEWS PROVIDED BY JOHNS HOPKINS CONSULTANTS AND THE EXPERT CONSENSUS AROUND THE HEALTH CARE NEEDS FOR THE DIFFERENT POPULATIONS, WHETHER THEY BE ADULTS OR YOUTH AND FOR THE DIFFERENT SPECIALTY AREAS.

Q OKAY. AND WE'RE TALKING ABOUT WPATH STANDARDS OF CARE. AT THIS TIME, I WOULD LIKE TO ASK MY COLLEAGUE TO PULL UP PLAINTIFF'S EXHIBIT -- WHAT'S BEEN PREMARKED PLAINTIFFS' 9 WPATH STANDARDS OF CARE AND ASK YOU A FEW QUESTIONS.

DO YOU RECOGNIZE THE DOCUMENT THAT'S ON THE SCREEN?

A I DO.

Q AND WHAT IS IT?

A IT'S THE FRONT PAGE LISTING THE TITLE AND THE AUTHORS OF THE WPATH STANDARDS OF CARE VERSION 8.

Q OKAY. AND IF I COULD GET MY COLLEAGUE TO SCROLL DOWN TO THE NEXT -- PAGE 3. IT WILL BE A PAGE IN BETWEEN THAT.

WHAT DO YOU SEE LISTED ON THIS PAGE OF THIS STANDARDS OF CARE?

A THE MANY, MANY AFFILIATIONS. I THINK IT'S OVER A HUNDRED FIFTY OR SO AFFILIATIONS OF THE DIFFERENT PROFESSIONALS WHO'S CONTRIBUTED TO THE STANDARDS OF CARE.

Q WOULD THE NAMES OF THESE BE AUTHORS?

A YES.

Q AND THEN THE FOOTNOTES IS -- IF YOU'LL SCROLL DOWN A LITTLE BIT FURTHER -- YOU SEE IN THE SMALLER PRINT THOSE ARE FROM INSTITUTIONAL AFFILIATIONS OF THOSE DOCTORS?

A CORRECT.

Q OKAY. AND YOU SAY IT'S BASED ON SYSTEMATIC REVIEWS. ARE THERE ALSO CITATIONS TO STUDIES CONTAINED WITHIN THE STANDARDS OF CARE?

A YES. THE STANDARDS OF CARE AS A WHOLE HAVE ABOUT 68 RANGES OF REFERENCES AND THE ADOLESCENT CHAPTER I THINK HAD OVER A HUNDRED SIXTY CITATIONS ALONE. AND I ALSO MEANT TO MENTION THAT ADDITIONALLY, IN ADDITION TO DOING THE SYSTEMATIC REVIEW ON SPECIFIC QUESTIONS, WENT THROUGH WHAT'S CALLED THE DELPHI PROCESS WHERE 75 PERCENT OF ALL OF THE AUTHORS AROUND THE GLOBE HAVE TO AGREE WITH THE RECOMMENDATIONS, THE STATEMENTS THAT ARE MADE. AND THEY DIDN'T WRITE ALL THE BACKGROUND TEXT, THE SPECIALISTS ON THE CHAPTER WROTE THE BACKGROUND EXPLANATORY TEXT, BUT 75 PERCENT OF VOTING MEMBERS VOTING AUTHORS AROUND THE GLOBE OF THAT 120 MEMBERS HAD TO AGREE WITH THE STANDARDS OF CARE RECOMMENDATIONS.

Q AND YOU MENTIONED THERE WERE OVER A HUNDRED SEVENTY CITATIONS IN THE ADOLESCENT CHAPTER. ARE THOSE JUST STUDIES?

A THOSE WERE AROUND 170. MANY OF THOSE ARE STUDIES THAT COVER A RANGE OF THE LITERATURE THAT'S RELEVANT WORKING WITH THIS POPULATION AND SOME OF THOSE ARE ABOUT THE CONSISTENCY AND PERSISTENCE OF ADOLESCENT GENDER IDENTITY. SOME OF THEM WERE IN ADOLESCENCE IN GENERAL. SOME OF -- THERE'S A BODY ABOUT THE BENEFITS OF PUBERTY SUPPRESSION. ABOUT AFFIRMING HORMONE THERAPY AND ABOUT INVOLVING PARENTS AND NUMBER OF ISSUES THAT ARE COVERED IN THOSE CITATIONS.

Q OKAY. NEXT WE'RE TALKING ABOUT CHAPTER 6 WHICH IS THE ADOLESCENT CHAPTER. IF I COULD GET YOU TO GO TO PAGE 45 SO YOU WILL KNOW WHAT WE WHERE TALKING ABOUT.

IS THIS THE CHAPTER REFERENCING THAT YOU HELPED TO CO-AUTHOR REFLECTS THE STANDARDS OF CARE FOR ADOLESCENTS?

A YES, IT IS.

Q OKAY. CAN YOU BRIEFLY DESCRIBE WHAT'S IN THIS CHAPTER?

A SO THERE IS BACKGROUND INFORMATION ABOUT THE HISTORY OF THE STANDARDS OF CARE ITSELF IN RELATION TO ADOLESCENT CARE, WHICH THIS IS THE FIRST TIME THERE'S BEEN A FULL CHAPTER ON ADOLESCENTS ALONE, BECAUSE OF THE NEED TO PAY ATTENTION TO THEM SEPARATELY FROM CHILDREN OR ADULTS GENDER DIVERSION IN CHILDHOOD IS A SEPARATE CHAPTER. AND WE RECOGNIZE THAT'S A VERY DIFFERENT SET OF ISSUES POTENTIALLY.

WE ALSO TALKED ABOUT THE BODY OF EVIDENCE IN GENERAL THAT IS THERE. WE TALKED ABOUT RECOGNIZING THERE'S LIMITATIONS IN THE EVIDENCE AND WE ALSO TALKED ABOUT RECOGNIZING THE NEED FOR CLINICAL CARE GUIDELINES BECAUSE THERE ARE PEOPLE LIKE ME OUT IN THE WORLD HAVING FAMILIES, PARENTS, YOUNG PEOPLE, WHO NEED CARE RIGHT NOW. AND SO WE DEVELOP GUIDELINES THAT ARE MEANT TO BE USED WITHIN A CULTURAL CONTEXT APPLIED BY THE CLINICIANS' EXPERTISE IN THIS AREA.

Q OKAY. AND WAS THERE ANYTHING IN THE CHAPTER BASED ON THE HISTORICAL CONTEXT OF ANY OTHER INFORMATION THAT ACKNOWLEDGED OR MENTIONED A RISE IN PRESENTATION OF ADOLESCENTS WITH TRANSGENDER OR GENDER-DIVERSE ISSUES?

A YES. THAT'S ACKNOWLEDGED IN THE CHAPTER AND IN THE FIELD OVERALL.

Q WERE THERE ANY CITATIONS OR ARE THERE ANY STUDIES THAT YOU'RE AWARE OF THAT EXPLAIN THAT RISE, BASED ON SOCIAL MEDIA AS THE BASIS FOR YOUNG PEOPLE NEEDING CARE FOR GENDER DYSPHORIA?

A WE HAVE NOT FOUND THAT TO BE THE CASE. I CAN SAY MORE ABOUT THAT, IF YOU WOULD LIKE, BUT NOT IN THE CHAPTER.

Q YEAH.

A BECAUSE THAT DATA DOES NOT EXIST.

Q THANK YOU. OKAY. LET'S JUMP TO PAGE 50. PULL THIS UP. WHICH IF YOU CAN -- CAN WE MAKE IT SMALL ENOUGH TO SEE IT ALL ON ONE PAGE?

OKAY. WHAT ARE WE LOOKING AT ON PAGE -- IT'S AT THE TOP S43.

A THAT'S A SUMMARY OF THE RECOMMENDATIONS WITHOUT ALL THE EXPLANATORY TEXT. THERE ARE 12 SPECIFIC RECOMMENDATIONS BUT THE FIRST ONE AND THE LAST ONE ALSO HAVE SEVERAL SUB RECOMMENDATIONS, INCLUDING EDUCATION THAT SHOULD BE, YOU KNOW, BACKGROUND PROFICIENCY WORKING WITH YOUTH IN GENERAL TO UNDERSTAND THE DIFFERENCE BETWEEN GENDER-IDENTITY ISSUES AND OTHER MENTAL HEALTH CONCERNS, ONGOING EDUCATION, EXPERTISE IN AUTISM OR NEURO DIVERSE NEURO DIVERSITY AND/OR WORKING WITH EXPERTS IN COLLABORATION, IF ONE HAS PATIENTS WHO ARE NEURO DIVERSE, NEURO DIVERGENT.

THERE ARE A NUMBER OF OTHER RECOMMENDATIONS, INCLUDING TAKING AN APPROACH TO CARE. 6.2 RECOMMENDS THAT NO OUTCOME NO

GENDER IDENTITY SHOULD BE PRIORITIZED OR SEEN AS PREFERRED. AND THEN INVOLVING FAMILY INVOLVING MULTIPLE HEALTH CARE PROFESSIONALS ACROSS DISCIPLINES. SO THERE IS QUITE A LOT OF CONTENT. I DON'T KNOW IF YOU WANT ME TO CONTINUE.

Q IS THERE CRITERIA SPECIFICALLY ABOUT WHEN TO PROVIDE MEDICAL CARE, SO HORMONES OR PUBERTY BLOCKERS TO ADOLESCENTS IN THE RECOMMENDATIONS?

A SO PUBERTY SUPPRESSION CAN, ONE, ONLY BE PROVIDED AFTER THERE'S BEEN A COMPREHENSIVE BIOSOCIAL ASSESSMENT, AND THAT'S OFTEN TYPICALLY DONE BY A MENTAL HEALTH PROFESSIONAL SUCH AS MYSELF, WHO GATHERS MANY DATA POINTS ABOUT THE YOUNG PERSON'S HISTORY WITH GENDER ISSUES, GETS INFORMATION FROM THE PARENTS FAMILY OF THE CAREGIVERS, SOMETIMES EXTENDED FAMILY, OTHER HEALTH CARE PROFESSIONALS, PEDIATRICIAN, OTHER THERAPISTS, SOMETIMES SCHOOL SYSTEMS, TEACHERS, PRINCIPALS. SO GETTING MULTIPLE DATA POINTS INDICATING THAT A YOUNG PERSON HAS HAD THIS CONCERN AROUND THEIR GENDER IDENTITY FOR AN EXTENDED PERIOD OF TIME AND THAT THIS INVENTION IS WARRANTED.

WE WOULD -- TYPICALLY IF THEY HAVE NOT GONE VERY FAIR IN PUBERTY, THEN PUBERTY SUPPRESSION IS USUALLY RECOMMENDED. THE TECHNICAL TERM -- THIS IS PARTLY DR. SHUMER'S TERM IS TANNER STAGE 2, WHICH IS THE INDICATION THAT PUBERTY IS STARTING, A YOUNG PERSON IS STARTING TO DEVELOP OR FURTHER IN DEVELOPMENT.

AND ALSO YOU GET AFFIRMING-HORMONE THERAPY. THERE IS A RECOMMENDATION TO HAVE A COUPLE OF YEARS BEFORE ANY

GENDER-AFFIRMING HORMONE THERAPY -- YEARS OF HISTORY BEFORE GENDER-AFFIRMING HORMONE THERAPY IS UTILIZED.

Q OKAY. SO THERE ARE SPECIFIC CRITERIA THAT STANDARDS OF CARE REQUIRE TO BE APPLIED BEFORE SOMEONE IS RECOMMENDED TO TRY -- TO TAKE MEDICAL STEPS TO ASSIST IN THEIR CARE; IS THAT RIGHT?

A THAT'S CORRECT. AND WE CONTINUE TO MONITOR CLOSELY HOW THE PATIENT, THE YOUNG PERSON RESPONDS TO CARE AND MAKE ADJUSTMENTS AS NEEDED AND RARELY HAVE I SEEN ANYBODY DISCONTINUE, BUT THERE HAVE BEEN A FEW CASES.

Q JUST STICKING WITH THE CRITERIA --

A YES.

Q -- ITSELF, IS THERE ANY RECOMMENDATIONS IN THE STANDARDS OF CARE REGARDING INFORMING THE ADOLESCENTS, THE PATIENT, AND THEIR PARENTS?

A YES. THAT IS SPECIFICALLY ONE OF THE RECOMMENDATIONS. I WOULD HAVE TO PUT MY GLASSES ON. I THINK IT'S NUMBER 11. MIGHT BE NUMBER 10 AND IT IS PART OF MY PRACTICE EVERY TIME I HAVE A PROCEDURE GOING THROUGH THIS DISCUSSION AROUND RISKS AND REVERSIBLE IRREVERSIBLE EFFECTS AND THE FERTILITY IMPLICATIONS GO OVER THAT WITH THE YOUNG PERSON SEPARATELY, GO OVER THAT WITH THE PARENTS SEPARATELY, HAVE CONVERSATIONS WITH THEM TOGETHER TO ENSURE THAT THIS HAS BEEN DISCUSSED. I HAVE A QUESTIONNAIRE I UTILIZE TO FACILITATE THE DISCUSSION AROUND FERTILITY.

Q DO THE CRITERIA THEMSELVES IN THE STANDARDS OF CARE SAY ANYTHING ABOUT ENSURING THAT THE PATIENT HAS THE CAPACITY TO UNDERSTAND THE IMPLICATIONS IN ASSENT TO THE TREATMENT?
A YES, IT DOES. THAT'S ESSENTIAL TO ETHICAL CARE.
Q OKAY. AND WHAT DOES THE STANDARDS OF CARE SAY ABOUT DECISIONS TO MOVE FORWARD WITH MEDICAL TREATMENT?
A THAT IT IS A TEAM DECISION WITH THE YOUNG PERSON, THE PARENTS, OR CAREGIVERS AND HEALTH CARE PROVIDERS AND DETERMINED BY THE BENEFITS THAT HAVE BEEN TAKEN FROM OTHER STEPS AND SEEING ANY BENEFITS.

YOU KNOW IF, FOR EXAMPLE, FROM A SOCIAL TRANSITION STEPS, CHANGING HAIR, CHANGING CLOTHES, NAME, ET CETERA, TO BENEFITS IN THEIR PUBERTY SUPPRESSION TO BENEFITS FROM THE GENDER-AFFIRMING HORMONE THERAPY TO CONTINUE TO BE MONITORED.
Q OKAY. SO IT SOUNDS LIKE THE RECOMMENDATIONS REFLECT THAT THE DECISIONS FOR MEDICAL CARE SHOULD BE MADE CAREFULLY, THOUGHTFULLY, FULLY INFORMED.

IS THAT ACCURATE WITH RESPECT TO THE STANDARDS OF CARE?
A THAT IS ACCURATE.
Q OKAY. WHAT DOES STANDARDS OF CARE FOR ADOLESCENTS RECOMMEND WITH RESPECT TO PSYCHOTHERAPY?
A IT'S RECOMMENDED THAT SUPPORTIVE PSYCHOTHERAPY BE PROVIDED BUT IT'S RECOGNIZED THAT IN AND OF ITSELF, PSYCHOTHERAPY IS NOT ENOUGH TO TREAT THESE YOUNG -- SOME OF THESE YOUNG PEOPLE.

Q OKAY. DOES IT SAY ANYTHING ABOUT CONVERSION THERAPY?
A YES. IT'S RECOMMENDED AGAINST BECAUSE OF THE HARMS THAT HAVE BEEN OBSERVED.
Q OKAY. AND YOU MENTIONED SUPPORTIVE THERAPY.
DOES SUPPORTIVE THERAPY MEAN THAT THE MENTAL HEALTH PRACTITIONER DOES NOT ASSESS WHETHER THERE MAY BE OTHER CAUSES FOR THE ADOLESCENT'S DISTRESS, BEYOND GENDER DYSPHORIA?
A NO. PART OF THE COMPREHENSIVE ASSESSMENT IN ANY GOOD CLINICAL CARE IS GOING TO BE EXAMINING, EXPLORING ANY OTHER MENTAL HEALTH CONCERNS. I OFTEN END UP DIAGNOSING SOMETHING THAT HAS NOT BEEN FOUND BUT -- OR TREATED BEFORE, SUCH AS AN ATTENTION DEFICIT ISSUE. SO THERE ARE OTHER PSYCHIATRIC CONCERNS THAT CAN COME UP IN THE PROCESS.
Q OKAY. SO IT'S FAIR TO SAY THAT SUPPORTIVE CARE, GENDER-AFFIRMING CARE DOES NOT MEAN THAT THE MENTAL HEALTH PRACTITIONER DOES NOT DO AN INDEPENDENT ASSESSMENT WITH RESPECT TO OTHER ISSUES BEYOND GENDER DYSPHORIA; CORRECT?
A RIGHT. THAT WOULD BE INADEQUATE CARE.
Q YOU MENTIONED THAT YOUR ROLE AS A TRAINER OR AS PART OF THE EDUCATION ARM OF WPATH. CAN YOU JUST TELL US A LITTLE BIT MORE ABOUT THAT? WHAT DOES IT MEAN? HOW MANY PEOPLE HAVE YOU TRAINED? WHO DO YOU TRAIN?
A SO OVERALL, THE ORGANIZATIONS HAD AROUND OVER 7000 ATTENDEES. I KNOW FROM OVER 58 COUNTRIES WE WERE DOING IN-PERSON TRAININGS BUT WE WITH THE PANDEMIC WENT TO ONLINE

TRAININGS, WHICH MADE IT A LOT EASIER FOR OUR FOLKS FROM ALL OVER THE GLOBE TO ACCESS US, OUR TRAININGS, AND WE TRAIN FOUNDATIONAL INFORMATION IN OUR FOUNDATIONS COURSE. AND THEN WE HAVE ADVANCED MEDICAL AND ADVANCED MENTAL HEALTH COURSES. AND WE ALSO HAVE SPECIALTY COURSES, FOR EXAMPLE, IN NEURO-DIVERSITY AND PRE-PRODUCTIVE HEALTH AND OTHER TOPIC AREAS THAT ARE IMPORTANT, PARTICULARLY IN CHILD ADOLESCENT CARE.

Q OKAY. AND ARE YOU DIRECTLY INVOLVED IN EITHER CREATING THE TRAININGS, ENSURING THAT THE PEOPLE WHO ARE GIVING THE TRAININGS ARE QUALIFIED OR WHAT IS YOUR ROLE IN TERMS OF EITHER THE CURRICULA OR PROVIDING THE TRAINING THEMSELVES?

A I'M RESPONSIBLE FOR THE MENTAL HEALTH SIDE OF THE TRAINING. SO I COORDINATE THEM WITH THE ASSISTANCE OF STAFF, AND I OFTEN KIND OF SET THE AGENDAS TO THE TOPIC TO BE COVERED. I WORK WITH THE EXPERTS AROUND THE GLOBE TO HAVE A GLOBAL FACULTY AND I'M DEEPLY INVOLVED IN IT DAY-TO-DAY, EVEN THOUGH IT'S BASICALLY A VOLUNTARY JOB.

Q OKAY. IS IT YOUR EXPERIENCE MOST HEALTH CARE PROFESSIONALS IN THE STATE OF GEORGIA FOLLOW WPATH STANDARDS OF CARE?

A I KNOW THE ONES THAT I WORK WITH AND ARE REFERRED TO DO. I HAVE MONITORED A COUPLE THEM IN THEIR CERTIFICATIONS FOR WPATH AND YES.

Q WHAT IS YOUR RESPONSE -- YOU HAVE TALKED A LOT ABOUT

WPATH. WHAT IS YOUR RESPONSE TO THE ASSERTION THAT WE HEARD YESTERDAY THAT THERE WERE -- THIS CAME FROM DR. CANTOR'S DECLARATION -- THAT THERE'S AN INTERNATIONAL REJECTION OF WPATH STANDARDS?

A THAT SEEMS -- THAT'S JUST UNTRUE. I MEAN IT'S AN INTERNATIONAL ORGANIZATION. THE COMPOSITION OF THE AUTHORS WAS INTERNATIONAL AND THERE ARE MANY COUNTRIES AROUND THE GLOBE RIGHT NOW WORKING TO TRANSLATE THE STANDARDS OF CARE INTO THEIR LANGUAGE FROM CROATIA TO THE CZECH REPUBLIC, FRANCE, INDIA, COLUMBIA. SOME OF THOSE COUNTRIES ARE WORKING TO ADOPT THE STANDARDS OF CARE OFFICIALLY AS THEIR HEALTH CARE POLICIES.

I WAS AT THE EUROPEAN PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTHCARE IN APRIL OF THIS YEAR AND IT'S THE LARGEST IT'S EVER BEEN. THEY HAD MORE SCIENTIFIC ABSTRACTS SUBMITTED FOR TOPICS AND I HAD THE HONOR OF -- DR. DE VRIES WHO'S CITED IN LOT OF THIS RESEARCH AND ASKED ME TO TAKE HER PLACE TO RUN THE ONE OF THE PROGRAMS THAT WAS ON PROVISIONAL CARE TO YOUTH IN GERMANY AND THE ONE OF THEM -- HEALTH OFFICIALS FROM GERMANY CAME TO TALK WITH US ABOUT HOW TO IMPLEMENT THE STANDARDS OF CARE IN GERMANY. I MEAN WE ARE WORKING ON TRAINING PROGRAMS IN SPAIN NEXT YEAR, PORTUGAL AND SWITZERLAND 2025. IT'S INACCURATE TO SAY THEY'RE NOT GLOBALLY RESPECTED.

AND, IN FACT, CANADA, WHERE DR. CANTOR I GUESS WORKS, HAS

A VERY PROGRESSIVE SET OF POLICIES AND THEY HAVE A CENTRALIZED HEALTH SYSTEM AND THEY PROVIDE GENDER-AFFIRMING CARE. AND, IN FACT, THE YUKON GOVERNMENT BROUGHT SEVERAL TO TRAIN THEIR HEALTHCARE PROFESSIONALS.

Q OKAY. AND ARE YOU FAMILIAR ENOUGH WITH THE GUIDELINES THAT WERE ISSUED WITH RESPECT TO -- TALKED ABOUT YESTERDAY, ENGLAND, FRANCE, AND FINLAND, TO BE ABLE TO RESPOND TO THE QUESTION OF WHETHER OR NOT THOSE RECOMMENDATIONS ARE IN ALIGNMENT WITH THE STANDARDS OF CARE?

A I'M FAMILIAR ENOUGH TO SAY, YES, THEY APPEAR TO BE CONSISTENT WITH THE STANDARDS OF CARE.

Q AND CAN YOU TELL US SORT OF WHAT ARE THE QUALITY USE OF THE RECOMMENDATIONS THAT MAKE THEM ALIGNED WITH THE STANDARDS OF CARE?

A WELL, THEY SAY THINGS LIKE INVOLVING PARENTS AND FAMILIES, PROVIDING A FULL RANGE OF SUPPORT, OFFERING BETTER ACCESS TO CARE IN THE LOCAL LEVEL WHERE PROFESSIONALS ARE -- CAN BE AVAILABLE WHO ARE COMPETENT TO PROVIDE THE CARE.

Q UM-HMM. SUPPORTIVE CARE IS PART OF RECOMMENDATIONS?

A YES.

Q THOROUGH ASSESSMENT --

A YES.

Q -- IS PART OF THE RECOMMENDATIONS IN THESE COUNTRIES.

ACCESS TO PUBERTY SUPPRESSION IS PART OF THE RECOMMENDATIONS?

A YES. PUBERTY SUPPRESSION AND HORMONE TREATMENTS ARE ALSO INCLUDED IN THE RECOMMENDATIONS.

Q THANK YOU.

SO WE'VE TALKED ABOUT THE STANDARDS OF CARE. AND IN YOUR ANSWERS, I RECOGNIZE THAT YOU'VE TALKED A LITTLE BIT ABOUT HOW YOU APPLIED THEM. I WANT TO TALK A LITTLE BIT MORE COMPREHENSIVELY ABOUT YOUR PRACTICE.

FIRST, PREFATORY QUESTION SELF EVIDENT. DO YOU FOLLOW THE WPATH STANDARDS OF CARE IN YOUR PRACTICE WITH RESPECT TO TREATING ADOLESCENTS?

A YES, I DO.

Q CAN YOU WALK US THROUGH HOW YOU APPLY THE STANDARDS OF CARE WITH RESPECT TO ASSESSING A MINOR PATIENT WHO COMES INTO YOUR OFFICE EXPRESSING SOME DISTRESS OR ISSUES WITH THEIR GENDER IDENTITY?

A OFTEN I WILL MEET THE PARENT OR PARENTS FIRST. SOMETIMES THE INITIAL MEETING MAY BE WITH THE PARENT AND THE YOUNG PERSON AND THEN I'LL HAVE INDEPENDENT CONVERSATIONS OVER A NUMBER OF SESSIONS TO DETERMINE WHAT IS THIS YOUNG PERSON'S HISTORY WITH GENDER-IDENTITY ISSUES, WHAT ARE THE AFFECTS IN THEIR LIFE DAY-TO-DAY.

SO, FOR EXAMPLE, ARE THEY HAVING TROUBLE SLEEPING? ARE THEY DEPRESSED? ARE THEY HAVING DIFFICULTY INTERACTING WITH OTHERS? ARE THEY HAVING TROUBLE FOCUSING ON THEIR SCHOOLWORK? ARE THEY HAVING SELF-HARM THOUGHTS OR BEHAVIORS, SELF-HARM

SUICIDAL THOUGHTS OR ACTIONS?

SO I WANT TO GET A FULL ASSESSMENT OF HOW THIS IS IMPACTING THIS YOUNG PERSON TO UNDERSTAND WHAT LEVEL OF CARE IS NEEDED. I ALSO WANT TO UNDERSTAND WHAT THEIR HISTORY IS BECAUSE SOME PEOPLE COME TO ME AND THEY HAVE ALREADY SOCIALLY TRANSITIONED FOR SEVERAL YEARS WHEN THE YOUNG PERSON WAS IN ELEMENTARY SCHOOL, FOR EXAMPLE, AND IS DOING WELL WITH THEIR SOCIAL TRANSITION AND THEY'RE COMING TO ME NOW BECAUSE THEY'RE CONSIDERING PUBERTY SUPPRESSION AND WANT TO HAVE SOME CONSULTATION AROUND THAT.

THAT'S DIFFERENT THAN SOMEBODY WHO'S COMING TO ME WHO HAS NOT SOCIALLY TRANSITIONED. SO I HAVE TO TAKE INTO ACCOUNT WHAT IS THE SPECIFIC INDIVIDUAL'S SITUATION AND INDIVIDUALIZE THEIR CARE AND RECOMMENDATIONS ACCORDINGLY. AND THEN AS I MENTIONED, I WILL ALSO TALK WITH THE PARENTS AND OTHER PROFESSIONALS, WHEN POSSIBLE. I WANT TO GATHER AS MANY DATA POINTS AS POSSIBLE TO INFORM MY RECOMMENDATIONS AND MY CONVERSATION WITH THE YOUNG PERSON AND THEIR CAREGIVERS.

Q AND HOW DO YOU DIAGNOSIS GENDER DYSPHORIA, IF, IN FACT, IT'S PRESENT IN A PATIENT?

A WELL, THROUGH THAT CONVERSATION, I CAN RECOGNIZE WHETHER OR NOT THEY MEET THE DIAGNOSTICS CRITERIA ABOUT HAVING THE -- SHORTHAND, I WOULD USE SOCIAL DYSPHORIA AS WELL AS ANATOMICAL DYSPHORIA. DISCOMFORT WITH ASPECTS OF THEIR BODY TO THE POINT THAT IT IS IMPAIRING SOME ASPECTS OF THEIR FUNCTIONING AND

SIGNIFICANTLY DISTRESSING THEM.

Q AND YOU MENTIONED APPLYING CRITERIA. IS THAT THE DSM-5?

A YES, IT IS.

Q OKAY. HOW ARE YOU ABLE TO DISCERN GENDER DYSPHORIA AS A DIAGNOSIS FROM OTHER MENTAL HEALTH CONDITIONS?

A BECAUSE IN MY QUESTIONS, MY DIAGNOSTIC INTERVIEWS, I CAN DISCERN WHETHER OR NOT THIS CHILD, FOR EXAMPLE, WAS DOING FINE AND THEN THEIR BODY STARTED TO CHANGE, AND IT IS THE CHANGE THAT IS RELATED TO THEIR GENDER IDENTITY ASPECTS OF PUBERAL CHANGES. THAT INFORMS ME THAT THIS ONE PERSON'S ACADEMICS USED TO BE FINE. THEY USED TO SOCIALIZE AND NOW THEY'RE WITHDRAWN. NOW THEY DON'T WANT TO COME OUT OF THEIR ROOM. THEY DON'T WANT TO TALK TO THEIR FAMILY.

AND THIS ISN'T JUST TYPICAL ADOLESCENCE. THIS IS SEVERE IMPAIRMENT AND STRUGGLING BECAUSE THEIR BODY IS CHANGING IN A WAY THAT HAS PEOPLE RESPOND TO THEM IN A WAY THAT IS INCONGRUENT WITH HOW THEY EXPERIENCE THEMSELVES AND THEIR BODY IS CHANGING IN WAYS THAT THEY SEE ARE GOING TO BE SECONDARY SEX CHARACTERISTICS OF A MAN OR A WOMAN AND THAT IS NOT HOW THEY IDENTIFY.

Q CAN YOU DISTINGUISH AS A MENTAL HEALTH PRACTITIONER BETWEEN GENDER DYSPHORIA AND, FOR EXAMPLE, BODY DYSMORPHIC DISORDER?

A YES. BODY DYSMORPHIC DISORDER DOES NOT CONTAIN THE GENDER IDENTITY PIECE. IT MAY BE DISCOMFORT WITH AN ASPECT OF

ONE'S BODY BUT IT'S NOT ABOUT THE GENDER IDENTITY.
Q OKAY. CAN YOU DISTINGUISH BETWEEN SAME SEX ATTRACTION, FOR EXAMPLE, SOMEONE WHO IS STRUGGLING WITH SEXUAL ORIENTATION IN GENDER DYSPHORIA?
A YES, I CAN.
Q ARE YOU ABLE TO DISCERN BETWEEN SOMEONE WHO HAS GENDER DYSPHORIA ACCORDING TO THE DSM AND SOMEONE WHO IS EXPLORING THEIR GENDER OR HAVING SOME ISSUES RELATED TO THEIR GENDER?
A YES. I FOLLOW THE STANDARDS WHICH -- AND I SAY TYPICALLY IN MY FIRST APPOINTMENT THAT I, YOU KNOW, HAVE NO INVESTMENT IN WHAT THEIR IDENTITY ENDS UP BEING. IF THEY END UP TRANSITIONING OR NOT, I WANT THEM TO FIND OUT WHO THEY ARE. THAT IS MY JOB. AND I CAN DEFINITELY HELP THEM DISTINGUISH AND TRY TO HELP THEM DISCERN. AND WE HAVE CONVERSATIONS ABOUT GENDER ISSUES AND EXPLORING AND THE DIFFERENCE BETWEEN GENDER EXPRESSION, GENDER DIVERSITY, OTHER OUTCOMES THAT DON'T NEED MEDICAL INTERVENTION OR SOME THAT DO.
Q OKAY. IS IT THE CASE THAT YOU HAVE YOUNG PEOPLE WHO COME INTO YOUR PRACTICE AND WHO ARE QUESTIONING OR HAVE ISSUES AROUND GENDER WHO YOU RECOGNIZE DO NOT HAVE GENDER DYSPHORIA?
A I DO. AND IT'S A POSITIVE THING EITHER WAY WHEN THEY GET CLARITY ABOUT WHO THEY ARE.
Q IS IT FAIRLY EASY FOR A QUALIFIED MENTAL HEALTH PRACTITIONER TO BE ABLE TO DISTINGUISH BETWEEN GENDER DYSPHORIA OR QUESTIONS AROUND GENDER?

A YES. THERE IS CERTAINLY EXPLORATION AND EXPERIMENTATION AND THINGS THAT YOUNG PEOPLE ARE DOING NOWADAYS THAT ARE PLAYING WITH GENDER EXPRESSION AND GENDER ROLES. THAT IS DISTINCTLY DIFFERENT THAN HAVING GENDER DYSPHORIA ARISING TO THE LEVEL OF NEEDING MORE INTERVENTION, INCLUDING MEDICAL INTERVENTIONS.

Q AND CAN YOU EXPLAIN HOW YOU ARE ABLE TO IDENTIFY WHETHER THERE IS ANY CONTRIBUTING FACTORS TO THE PRESENTATION OF GENDER DYSPHORIA THAT COULD EXCLUDED GENDER DYSPHORIA AS A DIAGNOSIS?

A THAT'S PART OF THAT THOROUGH ASSESSMENT THAT I DO. AND YOU KNOW, IF I HAVE ANY QUESTIONS, THEN THE CONVERSATIONS AND THE CONSULTATIONS CONTINUE UNTIL IT BECOMES REALLY CLEAR THIS IS GENDER DYSPHORIA ALONE OR GENDER DYSPHORIA AND SOMETHING ELSE. AND EVEN IF THERE IS SOMETHING ELSE, THAT NEEDS TO BE TREATED AS WELL. AND SOMETIMES IT MAY JUST BE SOMETHING ELSE BUT SOMETIMES IT'S GENDER DYSPHORIA AND SOMETHING ELSE AND BOTH CONDITIONS NEED TO BE TREATED.

Q THAT'S WHAT -- IS THAT WHAT IS REFERENCED TO IN YOUR PROFESSION AS CO-OCCURRING DISORDERS?

A YES.

Q IT SOUNDS LIKE YOUR TESTIMONY IS THAT MENTAL HEALTH PRACTITIONERS KNOW HOW TO DEAL WITH CO-OCCURRING DISORDERS?

A THAT IS OUR RESPONSIBILITY, YES.

Q AND THAT INCLUDES AUTISM OR SOMEONE WHO PRESENTS WITH

NEURO-ATYPICAL FEATURES?

A YES, IT IS.

Q WHAT HAPPENS IN THE EVENT THAT AN ADOLESCENT PATIENT HAS AUTISM, NEURO-TYPICAL FEATURES AND GENDER DYSPHORIA? ARE THERE ANY PARTICULAR EXTRA STEPS OR CAUTION OR ANYTHING THAT YOU DO?

A YES. I WILL TAKE A SLOWER APPROACH WHEN A PERSON HAS AN AUTISM SPECTRUM DISORDER. I WANT TO EXPLORE IS THIS, FOR EXAMPLE, A COMMON FEATURE OF AUTISM SPECTRUM DISORDER. IT IS A HYPER FIXATION.

AND SO, FOR EXAMPLE, A WEEK OR TWO AGO, I HAD A FIRST APPOINTMENT WITH A FAMILY AND ASKED THE MOTHER HOW LONG THE YOUNG PERSON'S HYPER FIXATIONS TYPICALLY LAST? AND SHE INDICATED USUALLY THEY ARE ABOUT THREE MONTHS AND THEN IT PASSES. AND I SAID HOW LONG HAS YOUR CHILD BEEN DESCRIBING TO YOU THESE GENDER ISSUES? SEVERAL YEARS.

SO THERE ARE WAYS OF FUSING A PART WHAT IS ABOUT AUTISM AND WHAT IS GENDER DYSPHORIA A PART FROM THAT. AND STILL, I THINK ANYBODY IN THE FIELD IS GOING TO BE MORE CAUTIOUS, RESPONSIBLE AND ETHICAL WITH SOMEBODY WITH CO-OCCURRING CONDITIONS.

Q THE STANDARDS OF CARE RECOMMEND THAT EITHER THE CLINICIAN IS -- HAS EXPERIENCE AND KNOWLEDGE AND SKILLS WITH RESPECT TO HOW TO TREAT SOMEONE ON THE AUTISM SPECTRUM OR AFFILIATE WITH SOMEONE WHO HAS THAT EXPERTISE.

A YES, THAT'S CORRECT.
Q OKAY. WE HEARD SOME TESTIMONY YESTERDAY ABOUT A METEORIC RISE IN ADOLESCENTS PRESENTING WITH EITHER GENDER DYSPHORIA OR CLAIMING TO BE TRANSGENDER.
DOES THAT REFLECT YOUR EXPERIENCE?
A THERE HAS BEEN DEFINITELY A LARGE INCREASE. AND, AGAIN, AS I MENTIONED I BROUGHT ON AN ASSOCIATE AND LET HER SEE THE ADULTS SINCE THEY DIDN'T SEE ADOLESCENTS, SO THAT HAS SKEWED MY VIEW A LITTLE BIT, BUT I WOULD AGREE THAT THERE IS A LARGE INCREASE IN THE -- I BELIEVE THAT IT'S DUE TO SEVERAL THINGS.
ONE IS THE AMOUNT OF INFORMATION THAT PEOPLE CAN ACCESS NOW. PARENTS COME TO ME, THEY CALL ME. USUALLY THEY HAVE BEEN REFERRED TO ME BY THEIR PEDIATRICIAN OR CHILD THERAPIST OR SOMETHING, BUT THEY HAVE HEARD INFORMATION IN THE NEWS WHEREVER. AND SO PARENTS ARE LISTENING. THEY'RE MORE INFORMED AND ARE BRINGING THEIR KIDS IN, BECAUSE THEY ARE RECOGNIZING THIS IS SOMETHING THEY NEED TO PAY ATTENTION TO, PARTICULARLY AT AN AGE WHERE THEY CAN DO SOMETHING ABOUT IT.
Q OKAY. SO BASED ON YOUR RESEARCH AND CLINICAL EXPERIENCE, THE REASON FOR THE RISE INCLUDES ACCESS TO INFORMATION. IS WHAT I HEARD YOU SAY; CORRECT?
A YES.
Q ANY OTHER -- WELL, LET ME ASK IT THIS WAY: DO YOU BELIEVE THAT SOCIAL MEDIA IS CAUSING ADOLESCENTS TO BELIEVE THEY'RE TRANSGENDER OR THAT THEY HAVE GENDER DYSPHORIA AS THE

CAUSE FOR THE RISE?
A I HAVE NOT SEEN THAT IN MY PRACTICE.
Q OKAY. DO YOU BELIEVE THAT TO BE THE CASE, BASED ON YOUR KNOWLEDGE, YOUR EXTENSIVE KNOWLEDGE IN?
A I DO NOT BELIEVE THAT THERE HAS BEEN SOCIAL MEDIA CAUSING YOUNG PEOPLE TO THINK THAT THEY ARE TRANSGENDER MISTAKENLY.
Q OKAY. AND IF A PRACTITIONER APPLIES THE STANDARDS OF CARE THAT WE HAVE TALKED ABOUT, WOULD THEY BE ABLE TO IDENTIFY WHETHER THAT ADOLESCENT IS INFLUENCED BY SOCIAL MEDIA OR, IN FACT, HAS GENDER DYSPHORIA?
A YES.
Q OKAY. ANYONE COME INTO YOUR OFFICE SAYING THAT SOCIAL MEDIA INFLUENCERS ARE THE REASON THAT THEY BELIEVE THEY HAVE GENDER DYSPHORIA?
A NO.
Q OKAY. OR TRANSGENDER EVEN?
A NO.
Q OKAY. THERE IS -- WE TALKED ABOUT CO-OCCURRING DISORDERS. I JUST WANT TO ASK YOU SPECIFICALLY AS WELL, BECAUSE THERE WAS A REFERENCE IN ONE OF THE EXPERTS' DECLARATIONS ABOUT BORDERLINE PERSONALITY DISORDER AND CLINICIANS CONFLATING BORDERLINE PERSONALITY WITH GENDER DYSPHORIA.
IS THAT SOMETHING THAT YOU WOULD AGREE WITH OR DISAGREE WITH?

A I WOULD DISAGREE WITH THAT. THE DIAGNOSTIC CHARACTERISTICS OF BORDERLINE PERSONALITY DISORDER IS VERY DIFFERENT FROM GENDER DYSPHORIA.

Q THANK YOU. YOU TALKED A LITTLE BIT ABOUT THIS BUT I WANT TO JUST LET YOU SPEAK A LITTLE BIT MORE ABOUT HOW THE MAJORITY OF YOUR TRANSGENDER GENDER-DIVERSE ADOLESCENTS FIND YOU.

A SO MOST OF THEM THE PARENTS HAVE LISTENED TO THEIR KID OR THEIR KID HAS BEEN HAVING MENTAL HEALTH SYMPTOMS OF SOME TYPE AND THE YOUNG PERSON HAS EITHER TALKED TO THEIR PEDIATRICIAN OR THE PARENTS HAVE TAKEN THE KID TO ANOTHER THERAPIST AND, THEN, WHEN THE GENDER ISSUES ARE BROUGHT UP TO THE THERAPIST BECAUSE THE PARENTS BROUGHT IN THE KID WHY IS MY KID DEPRESSED TO THE THERAPIST AND THE KID FINALLY TELLS THE THERAPIST, THE THERAPIST WILL REFER THEM TO ME.

Q OKAY.

A SO PROFESSIONALS ARE USUALLY REFERRING PARENTS TO ME OR OTHER PARENTS ARE REFERRING PARENTS TO ME.

Q SO IT SOUNDS LIKE THESE ARE KIDS WHO HAVE -- TO SOME EXTENT, YOU HAVE A LOT OF PATIENTS, ADOLESCENT PATIENTS WHO HAVE BEEN RECEIVING PSYCHOTHERAPY FOR THE ANXIETY OR DISTRESS THAT THEY ARE FEELING AND IT'S NOT RESOLVING?

A RIGHT.

Q HAVE YOU -- YOU SAID ABOUT 600 ADOLESCENTS OVER -- THAT YOU HAVE TREATED OVER THE COURSE --

A YES, AT LEAST.

Q -- YOUR CAREER?
HAVE YOU DIAGNOSED ANY OF THOSE WITH GENDER DYSPHORIA?
A MANY OF THEM.
Q OKAY. HOW SERIOUS OF A MEDICAL CONDITION IS GENDER DYSPHORIA?
A IT CAN CAUSE SIGNIFICANT DISTRESS AND IT CAN BE A LIFE-OR-DEATH MATTER. I MEAN WHEN -- I SEE EVERYTHING FROM SCHOOL WITHDRAWAL, ACADEMIC DECLINE, PROBLEMS WITH FAMILY RELATIONSHIPS, WITHDRAWAL FROM PEER RELATIONSHIPS. SOME FOLKS DEVELOP EATING DISORDERS TO TRY TO CONTROL THEIR BODY DEVELOPMENT. SUBSTANCE ABUSE DISORDERS. OFTEN THERE MAY BE SELF HARM. IN FACT, I WAS STUNNED HOW MUCH THE SELF HARM AND SUICIDAL THOUGHTS WENT UP AS I -- IN MY CASELOAD AS I WAS SEEING MORE OF THESE ADOLESCENTS. AND SOMETIMES PEOPLE KILL THEMSELVES. I MET SOMEBODY THIS WEEK WHO TOLD ME THEIR SIBLING HAD COMMITTED SUICIDE WHO WAS TRANSITIONING BECAUSE OF SOCIAL REJECTION.
Q HAVE YOU TREATED ANY ADOLESCENT PATIENTS WHO NEEDED HORMONES TO TREAT THEIR GENDER DYSPHORIA?
A YES. MANY OF THEM.
Q MANY. JUST TO GIVE A SENSE OF YOUR KNOWLEDGE BASE, WOULD YOU SAY THAT'S MORE THAN A HUNDRED?
A DEFINITELY.
Q OKAY. CAN YOU DESCRIBE THE MENTAL HEALTH IMPACTS YOU HAVE OBSERVED IN THE PATIENTS AFTER HORMONE -- YOUR

PATIENTS -- AFTER HORMONE THERAPY HAS BEEN INITIATED?
A WELL, LIKE DRS. SHUMER AND MCNAMARA DESCRIBED IN THEIR TESTIMONY, I HAVE SEEN SOME STUNNING IMPROVEMENTS AND EVEN THINGS THAT I'VE BEEN SURPRISED AT SOMETIMES WITH ACADEMIC IMPROVEMENT, REENGAGEMENT WITH FAMILY.

I HAD A YOUNG PERSON A COUPLE OF MONTHS AGO WHO STARTED HORMONE THERAPY WHO CAME TO ME IN AN APPOINTMENT AND SAID, YOU KNOW, I USED TO STRUGGLE TO SHOWER ONCE OR TWICE A WEEK. I MEAN ONCE EVERY WEEK OR TWO. SORRY, ONCE EVERY WEEK OR TWO. AND HE WAS PROUD. HE SAID I HAVE SHOWERED TEN TIMES IN THE LAST 14 DAYS. AND HE WAS ENGAGED IN HIS ACADEMICS AGAIN. HIS SUICIDAL SELF-HARM THOUGHTS WERE MOSTLY ABATED AND IMPROVING AND I SEE JUST AMAZING FLOURISHING WITH FOLKS WHO GET THE TREATMENT THAT THEY NEED.

Q WITH RESPECT TO THE ANTIDOTE YOU JUST SHARED, IS THAT BECAUSE HORMONES CREATED A NEED FOR CLEANLINESS?
A IT WAS BECAUSE THIS YOUNG PERSON WAS FEELING HOPEFUL ABOUT THEIR BODY DEVELOPING IN A WAY THAT FELT BETTER AND WANTING TO BE ABLE TO ENGAGE SOCIALLY NOW. AND SO HE WAS WILLING -- INTERESTED IN SHOWERING TO BE ABLE TO INTERACT WITH PEOPLE NOW.
Q OKAY. AND DIRECTLY RELATED TO THE CHANGES THAT THE HORMONES CREATED; IS THAT RIGHT?
A RIGHT.
Q IN YOUR EXPERIENCE, HAVE YOU -- DO YOU HAVE ANY

ADOLESCENT PATIENTS WHO STARTED HORMONES WHOSE MENTAL HEALTH DETERIORATED?

A I HAVE HAD A COUPLE OF PATIENTS WHO INITIALLY HAD SOME ANXIETY STARTING HORMONE THERAPY. PARTICULARLY FOLKS WHO WERE MALE AT BIRTH TRANSITIONING TO FEMALE ESPECIALLY CONCERNED ABOUT SOCIAL REJECTION BUT THEY STILL, AS WE TALK ABOUT TREATMENT OPTIONS, THEY WANT TO CONTINUE WITH THEIR TREATMENT.

Q IS THAT PART OF THE THERAPIST'S ROLE, IS TO SUPPORT THE PATIENT WITH RESPECT TO CONSEQUENCES, EXTERNAL CONSEQUENCES OF HORMONE THERAPY?

A YES. TO FACILITY DEVELOPMENT OF COPING SKILLS AND RESILIENCE.

Q HAVE YOU TREATED ANY ADOLESCENT PATIENTS WHO IN YOUR OPINION NEEDED HORMONE THERAPY BUT COULD NOT ACCESS HORMONES?

A I HAVE.

Q CAN YOU TELL US ABOUT YOUR EXPERIENCE WITH THAT?

A IT'S REALLY HARD AS A PROVIDER TO SEE THIS. TYPICALLY, THESE YOUNG PEOPLE DO NOT IMPROVE. THEIR MENTAL HEALTH, THEIR ACADEMICS, THEY'RE STUCK. MANY OF THEM HAVE A HARD TIME SEEING THE FUTURE, PLANNING FOR THE FUTURE. I'VE SEEN THEM END UP IN TREATMENT CENTERS AND PRESCRIBED PSYCHIATRIC MEDICATIONS TO TRY TO ADDRESS, BUT IT'S NOT REALLY ADDRESSING THE GENDER ISSUE. I HAVE SEEN SELF HARM, SUICIDE ATTEMPTS AND IT'S TRAGIC TO WATCH BECAUSE IT COULD BE SO EASILY TREATED.

Q OKAY. AND THOSE CASE STUDIES THAT YOU ARE TALKING ABOUT

NOW, THE EFFECT OF THIS LAW S.B. 140 WOULD BE SIMILAR TO THE EFFECTS THAT YOU'VE JUST TALKED ABOUT WITH YOUR PAST PATIENTS WHO COULDN'T ACCESS HORMONE?

A EXACTLY. AND ONE OTHER THING THAT I SHOULD MENTION IS THAT SEVERAL OF THESE YOUNG PEOPLE HAVE SNUCK AROUND THEIR PARENTS AND GOTTEN THE HORMONES ONLINE. SO I COULD ANTICIPATE THAT AS WELL.

Q THAT WOULD BE A CONSEQUENCES OF THIS LAW?

A YES. INSTEAD OF HAVING MEDICALLY-SUPERVISED TREATMENT THEY WILL SNEAK AND GET THE TREATMENT FOR THEMSELVES AND WHO KNOWS WHAT THEY WILL ACTUALLY GET.

Q GIVE US A SENSE OF HOW MANY -- LET ME ASK YOU THIS FIRST: DO YOU SEE YOUR ADOLESCENT PATIENTS WHO HAVE BEEN DIAGNOSED WITH GENDER DYSPHORIA WHO YOU CONTINUE TO SEE AFTER 18? AFTER THEY TURN 18?

A DO I CONTINUE TO SEE THEM? OH, YES. YEAH. JUST THIS WEEK I SAW A YOUNG MAN WHO WAS ABLE TO TRANSITION WITH HORMONES DURING HIGH SCHOOL, WHICH LET HIM DO ALL HIS SOCIAL AWKWARDNESS AT THE SAME TIME AS HIS PEERS AND THEN HAD AN AMAZING COLLEGE CAREER AND IS NOW APPLYING FOR GRADUATE-LEVEL TRAINING. I MEAN I HAVE MANY OF THOSE KINDS OF STORIES.

Q OKAY. SO YOU HAVE MORE THAN JUST THAT ONE PATIENT THAT YOU HAVE TREATED WHO BEGAN HORMONES IN ADOLESCENCE WHO YOU FOLLOW OR CONTINUE TO SEE AFTER THEY TURN 18; IS THAT RIGHT?

A YES. SOMETIMES I SEE THEM REGULARLY LIKE THIS YOUNG

PERSON LIKES TO CHECK IN ONCE A QUARTER. SOME PEOPLE COME BACK TO ME AFTER A PERIOD OF TIME FOR DISCUSSION AROUND SURGICAL OPTIONS OR OTHER LIFE-DEVELOPMENT EVENTS.

Q AND HOW MANY OF THOSE PATIENTS HAVE POSITIVE MENTAL HEALTH OUTCOMES AS A RESULT OF THEIR TREATMENT?

A IT APPEARS TO ME THAT ALL OF THEM HAVE BENEFITED. THERE HAVE BEEN A COUPLE WHO HAVE DISCONTINUED HORMONE TREATMENT OR DISCONTINUED PUBERTY SUPPRESSION. BUT I HAD ONE OF THESE EVEN RECENTLY I ASKED HOW THEY FELT ABOUT THE PUBERTY SUPPRESSION AND THE STEPS THEY HAVE TAKEN. AND THEY SAID, NO, I'M GLAD I EXPLORED THIS BECAUSE NOW I UNDERSTAND BETTER. I MEAN PUBERTY SUPPRESSION DID WHAT IT WAS SUPPOSED TO DO, GIVING A PERIOD OF TIME TO REFLECT AND EXPLORE THESE -- THE ISSUES.

Q YOU DON'T HAVE ANY EXPERIENCE WITH ANY PATIENTS WHO'S STARTED MEDICATION WHO HAS -- WHOSE MENTAL HEALTH DECOMPENSATED OR DETERIORATED AS A RESULT OF THE TREATMENT.

A NO.

Q IS THAT ACCURATE?

A THAT'S ACCURATE.

Q SO BASED ON YOUR CLINICAL EXPERIENCE, WHAT'S YOUR EXPERT OPINION ON WHETHER IN PARTICULAR CASES APPLYING THE STANDARDS OF CARE WE HAVE TALKED ABOUT, HORMONE THERAPY FOR AN ADOLESCENT WITH GENDER DYSPHORIA IS SAFE AND EFFECTIVE?

A IN THE CASES WHERE THERE HAS BEEN A COMPREHENSIVE ASSESSMENT AND THE HEALTH CARE PROFESSIONALS INVOLVED AGREE

WHO HAVE THE EXPERTISE, I HAVE SEEN THE BENEFITS AND BELIEVE THAT THESE YOUNG PEOPLE NEED THIS CARE.

Q AND DOES THAT REFLECT NOT ONLY THE ADOLESCENT PATIENTS REFLECTIONS BUT ALSO THAT OF THEIR FAMILIES?

A DEFINITELY. THE PARENTS ARE GRATEFUL FOR THE HELP. I'VE HAD PARENTS EVEN CALL ME BACK A COUPLE OF YEARS LATER AND SAY, YOU KNOW, I DIDN'T BELIEVE IT EARLY ON, BUT NOW I SEE HOW MUCH BETTER MY KID IS DOING. AND THAT WAS LIKE A YOUNG ADULT PATIENT. BUT THE PARENTS IN APPOINTMENTS WHEN THE BILL WAS BEING DEBATED AND VOTED ON, THEY WERE CRYING IN APPOINTMENTS AS WERE THE YOUNG PEOPLE, THEIR KIDS. SOME OF THE PARENTS WERE LOOKING FOR JOBS IN OTHER CITIES AND STATES, DISRUPTING THEIR CAREERS, DISRUPTING THEIR OTHER CHILDREN'S LIVES, PUTTING INCREDIBLE BURDEN ON THEM.

Q AND IS THAT -- DOES THAT CONTINUE TO BE THE CASE NOW, NOW THAT THE BILL PASSED INTO LAW?

A YES. AND I HAVE HAD SEVERAL YOUNG PEOPLE WHO HAVE GRADUATED COLLEGE, WHO MAKE A POINT OF MOVING TO ANOTHER STATE SO THAT THEY DIDN'T HAVE TO FEEL LIKE THEY WERE IN A NEGATIVE ENVIRONMENT.

Q AND WHAT ARE THE MENTAL HEALTH IMPACTS THAT YOU HAVE SEEN ON YOUR PATIENTS AND THEIR FAMILIES AS A RESULT OF THIS LAW PASSING AND THE INABILITY TO GET THE MEDICAL CARE THAT THEY WOULD NEED?

A IT HAS BEEN A GREAT DEAL OF DISTRESS TO THE ADULT

PATIENTS I SEE WHO ARE WORRIED THAT THEY WILL COME FOR OUR HEALTH CARE NEXT. IT HAS ALSO BEEN DISTRESSING FOR THE PARENTS AND THE YOUNG PEOPLE WHO FEEL THEY'VE BEEN TARGETED AND FEEL THAT CARE IS NOT BEING PROVIDED EQUALLY OR FAIRLY OR APPROPRIATELY, AND IT IS A VERY DISTRESSING THING TO FEEL LIKE THE ANSWER AND THE SOLUTION IS EASY BUT NOW LAW IS BLOCKING THAT.

Q WHAT IS YOUR CLINICAL OPINION ABOUT THE WAIT-AND-SEE APPROACH THAT IS PROVIDING -- ALLOWING A CHILD TO GET PUBERTY SUPPRESSION BUT PROHIBITING THEM FROM ACCESSING HORMONES?

A IT'S HARMFUL. I DESCRIBED A LITTLE BIT, YOU KNOW, WHEN I SEE YOUNG PEOPLE AND THE PARENTS REFUSE TO LET THEM START HORMONES, THEY OFTEN WILL SEEK THE HORMONE -- NOT OFTEN. THEY WILL SOMETIMES SEEK HORMONES THEMSELVES BUT OFTEN THEIR MENTAL HEALTH DETERIORATES EVEN FURTHER.

Q WHAT ABOUT -- DOESN'T ACCESSING PUBERTY SUPPRESSION PROVIDE ALL THE MEDICATION OR TREATMENT THAT'S NECESSARY? WHY DON'T WE JUST WAIT AND SEE WHAT -- LET THEM DECIDE BETWEEN WHEN THEY START PUBERTY AND WHEN THEY BECOME AN ADULT? DO YOU SEE ANY CONSEQUENCES AS A CLINICIAN ABOUT THAT?

A SO IF PUBERTY BLOCKERS ARE STARTED WHEN A YOUNG PERSON IS 11 OR 12 YEARS OLD, FOR EXAMPLE, IMAGINE, YOU LOOK LIKE THAT ALL THROUGH HIGH SCHOOL. EVEN IF YOU GROW SOMEWHAT PHYSICALLY, YOU'RE GOING TO HAVE FEATURES THAT MAKE YOU STILL LOOK LIKE A YOUNG CHILD. AND SO THAT ISOLATES YOU SOCIALLY.

IT MAKES IT HARD TO INTERACT. YOU DON'T GET TO HAVE THE SOCIAL DEVELOPMENT ALONG WITH YOUR PEERS. THE FAMILIES ARE DENIED THE OPPORTUNITY TO EXPERIENCE AND GUIDE THEIR YOUNG PERSON GROWING UP.

ONE FATHER TOLD ME ONE OF THE GREAT BENEFITS OF THE KID TRANSITIONING IN HIGH SCHOOL WAS THEY GOT TO HAVE A MORE INTIMATE RELATIONSHIP AS THAT KID BECAME WHO THEY WERE.

Q MENTAL HEALTH CONSEQUENCES OF BEING STUCK IN THAT PREPUBERTY POSITION FOR AN ADOLESCENT.

A I CAN'T EVEN BEGIN TO SAY HOW HARMFUL THAT COULD BE. I MEAN THE TARGETING, THE BULLYING, THE OSTRACISM BY PEERS BECAUSE YOU LOOK DIFFERENT OR BECAUSE NOW WE KNOW FOR SURE YOU ARE TRAN AND SOCIETY SAYS YOU CAN'T BE A MAN OR YOUNG MAN OR YOUNG WOMAN LIKE THE REST OF US YET. IT'S REALLY STRESS ON THESE YOUNG PEOPLE AND THEIR FAMILIES AND IT'S VERY DAMAGING TO THEIR DEVELOPMENT AND PUTS THEM BEHIND. IT DISADVANTAGES THE YOUNG PEOPLE OF GEORGIA WHO ARE TRANSGENDER.

Q OKAY. AND CAN YOU JUST BRIEFLY DESCRIBE ANY EXPERIENCE YOU HAVE OR EXPERTISE YOU HAVE WITH ETHICS FOR HEALTH CARE PRACTITIONERS?

A YES. I DIDN'T TALK ABOUT MY INVOLVEMENT WITH THE GEORGIA PSYCHOLOGICAL ASSOCIATION EARLIER.

I HAVE BELONGED TO GEORGIA PSYCHOLOGICAL ASSOCIATION SINCE 1989 WHEN I MOVED TO GEORGIA AND OVER THE YEARS, HAVE BEEN INVOLVED IN A NUMBER OF COMMITTEES AND I HAVE SERVED,

BEEN SELECTED TO SERVE ON THE ETHNICS COMMITTEE FOR SEVERAL YEARS. I THINK THAT WAS 2014 TO 2017. I KNOW I HAD TO STEP OFF OF IT IN 2017 BECAUSE I HAD BEEN NOMINATED AND ELECTED PRESIDENT OF THE GEORGIA PSYCHOLOGICAL ASSOCIATION EFFECTIVE JULY 1 OF 2017.

Q WHAT IS YOUR EXPERT OPINION ON THE ETHICS OF THIS LAW THAT WE ARE TALKING S.B. 140?

A IT'S UNETHICAL. IT'S WITHHOLDING TREATMENT THAT WE KNOW IS BENEFICIAL.

Q DO YOU AGREE WITH THE TESTIMONY THAT YOU HEARD YESTERDAY ABOUT THE ETHNICS INVOLVED IN RANDOMIZED CONTROLLED TRIALS FOR TRANSGENDER ADOLESCENTS?

A I AGREE WITH DR. MCNAMARA'S TESTIMONY. I THINK IT'S ALSO PRACTICALLY IMPOSSIBLE TO HAVE A RANDOMIZED CONTROLLED TRIAL BECAUSE THE YOUNG PEOPLE WILL KNOW WHETHER OR NOT THEIR BODIES ARE CHANGING.

Q AND WHAT ABOUT THE ETHICS OF PUTTING A COHORT INTO A GROUP WHO IS UNABLE TO ACCESS HORMONES?

A IT'S NOT ETHICAL. I MEAN THAT'S WHY WE RECOMMEND PROCEEDING WITH CARE FOR THE YOUNG PEOPLE WHO HAVE BEEN COMPREHENSIVELY ASSESSED AND FOUND TO BE NEEDING THIS CARE.

Q AND I PROMISE NOT TO TALK ABOUT STUDIES IN ANY DETAIL WHATSOEVER BUT I DO WANT TO GIVE YOU AN OPPORTUNITY TO RESPOND TO THE ASSERTIONS OR ACCUSATIONS IN DR. CANTOR'S DECLARATIONS CLAIMING THAT YOU MISREPRESENTED STUDIES IN YOUR DECLARATION.

DO YOU HAVE A RESPONSE TO THAT?
A I WOULD NOT MISREPRESENT FINDINGS THAT WOULD BE UNETHICAL AND I JUST CAN'T CONCEIVE OF DOING THAT.
Q DO YOU AGREE THAT IT'S A MISREPRESENTATION OF A STUDY NOT TO MENTION THAT THE AUTHOR RECOMMENDED ADDITIONAL RESEARCH INTO THE SUBJECT?
A I'M SORRY. COULD YOU ASK THAT QUESTION AGAIN?
Q DO YOU THINK THAT IT'S A MISREPRESENTATION NOT TO DISCLOSE THAT THE AUTHOR OF THE STUDY RECOMMENDED ADDITIONAL STUDY INTO THE TOPIC AREA?
A THAT'S NOT MISREPRESENTATION. I MEAN IN ALL LITERATURE IN ANY HEALTH CARE FIELD, YOU ARE ALWAYS GOING TO SEE A CALL FOR MORE RESEARCH. I DON'T THINK I HAVE EVER WRITTEN A PAPER THAT DOESN'T SAY WE NEED MORE RESEARCH.
Q WHAT ABOUT NITPICKING ABOUT RESEARCH METHODOLOGY OR MONDAY-NIGHT QUARTERBACKING, MONDAY QUARTERBACKING OF RESEARCH METHODS? HOW RELEVANT IS THAT IN ACADEMIA?
A I THINK THAT ANYBODY WHO'S REVIEWING LITERATURE AND WANTS TO EVALUATE STUDIES IS GOING TO TAKE A CLOSE LOOK AND WE WILL ALWAYS BEEN CONTINUING TO ADVANCE SCIENCE AND APPROACHES TO RESEARCH METHODOLOGY MEASURES AND USE, ET CETERA.
Q LAST QUESTION. AND THAT IS A RESPONSE TO OR A CLARIFICATION OF SOME TESTIMONY YESTERDAY.
IT WAS ASSERTED THAT THE AMERICAN ACADEMY OF PEDIATRICS HAS RECOGNIZED THE NEED FOR A SYSTEMIZED REVIEW -- I DON'T

WANT TO MISREPRESENT THE TESTIMONY -- BUT THERE WAS SOME CONVERSATIONS IN THE TESTIMONY ABOUT THAT NEW GUIDELINE FROM THE AMERICAN ACADEMY OF PEDIATRICS.

ARE YOU FAMILIAR WITH THAT RECENTLY-PUBLISHED GUIDELINE FROM THE AMERICAN ACADEMY OF PEDIATRICS?

A THEY -- MY UNDERSTANDING IS THEY VOTED TO REAFFIRM THEIR ENDORSEMENT OF THE WPATH STANDARDS OF CARE AND THEY DID CALL FOR A SYSTEMATIC REVIEW. I THINK THAT THERE'S A LOT MORE RESEARCH NOW. EVEN IN THE LAST COUPLE OF YEARS, YEAR AND A HALF SINCE THE GUIDELINES CAME OUT LAST YEAR, THERE WERE STUDIES GETTING PUBLISHED EVEN AS THAT WAS IN PRESS. AND SO, BECAUSE THERE IS MORE RECOGNITION OF THE ISSUE AND PARENTS ARE BRINGING THEIR KIDS IN FOR TREATMENT MORE, THERE NEEDS TO BE AND THERE IS MORE RESEARCH.

Q OKAY. SO YOU ARE SUPPORTIVE OF A SYSTEMIZED REVIEW; IS THAT RIGHT?

A A SYSTEMATIC REVIEW.

Q A SYSTEMATIC REVIEW. THANK YOU.

DO YOU THINK WE SHOULD WITHHOLD TREATMENT, BASED ON THE STANDARDS OF CARE, WHILE THESE SYSTEMATIC REVIEWS ARE CONDUCTED?

A NO AND NO. THE WORLD HEALTH ORGANIZATION HAS A HANDBOOK ON DEVELOPMENT OF GUIDELINES IN WHICH THEY SAY THAT SOMETIMES EVEN DEPENDING ON THE QUALITY OF EVIDENCE FOR CLINICAL CARE, WE STILL NEED TO PROVIDE GUIDELINES.

Q OKAY. AND HERE IS THE LAST THING. I JUST WANT TO MAKE SURE THAT WE HAVEN'T MISREPRESENTED ANYTHING. I THINK WE HAVE THE GUIDELINES FROM THE AMERICAN ACADEMY OF PEDIATRICIAN READY TO PULL UP ON THE SCREEN. LET'S SEE WHAT THEY SAID ABOUT THE STANDARDS OF CARE.

FIRST THEY REAFFIRMED THE GENDER-AFFIRMING CARE POLICY; CORRECT?

A YES.

Q THEY DIDN'T HAVE TO REAFFIRM THE STANDARDS OF CARE OR GENDER-AFFIRMING CARE. THEY COULD HAVE CHANGED THEIR POSITION; IS THAT RIGHT?

A TRUE.

Q THEY DID NOT; RIGHT?

A THAT'S TRUE.

Q CAN YOU JUST SCROLL DOWN PLEASE TO WHERE THE FIRST -- THE SENTENCE THE DECISION TO AUTHORIZE SYSTEMATIC REVIEW. WILL YOU READ THAT FOR US.

A THE DECISION TO AUTHORIZE A SYSTEMATIC REVIEW REFLECTS THE BOARDS' CONCERNS ABOUT RESTRICTIONS TO HAVE ACCESS TO HEALTH CARE WITH BANS ON GENDER-AFFIRMING CARE IN MORE THAN 20 STATES.

Q SO THE SYSTEMATIC REVIEW THAT THEY HAVE AUTHORIZED IS NOT A REFLECTION OF THEIR CONCERN ABOUT THE BODY OF EVIDENCE THAT SUPPORTS STANDARDS OF CARE; CORRECT?

A CORRECT.

MS. LITTRELL: NOTHING FURTHER.

THE COURT: THANK YOU, MS. LITTRELL.

MR. STRAWBRIDGE, HOW LONG DO YOU ANTICIPATE?

MR. STRAWBRIDGE: IT COULD BE 30 OR 40 MINUTES. IF YOU WANT TO TAKE A FIVE-MINUTE BREAK BEFORE I START, THAT'S FINE.

THE COURT: WHY DON'T WE DO THAT. LET'S TAKE A QUICK BREAK FOR FIVE MINUTES AND WE'LL COME BACK.

(WHEREUPON, A RECESS WAS TAKEN.)

THE COURT: READY FOR CROSS-EXAMINATION.

MR. STRAWBRIDGE: YES, YOUR HONOR.

CROSS-EXAMINATION

BY MR. STRAWBRIDGE:

Q GOOD MORNING, DR. MASSEY.

A HELLO.

Q MY NAME IS PATRICK STRAWBRIDGE. I REPRESENT THE DEFENDANTS IN THIS CASE. I WANT TO START WITH A FEW HOUSEKEEPING MATTERS. THIS IS YOUR FIRST TIME TESTIFYING AS AN EXPERT IN ANY LITIGATION; IS THAT RIGHT?

A IN LITIGATION OF THIS TYPE.

Q OKAY. YOU HAVE TESTIFIED BEFORE?

A MANY YEARS AGO I USED TO DO SOME CONSULTATION ON FORENSIC EVALUATIONS.

Q OKAY. IS THIS YOUR FIRST TIME TESTIFYING IN AN EXPERT CAPACITY IN LITIGATION OR WERE YOU AN EXPERT IN FORENSICS?

A I WAS AN EXPERT IN THOSE CASES AS WELL.
Q FIRST TIME TESTIFYING AS AN EXPERT ON ISSUES OF GENDER DYSPHORIA, FOR EXAMPLE?
A YES, I HAVE BEEN ASKED TO TESTIFY IN OTHER CASES, BUT HAVE DECLINED.
Q OKAY. YOU HAVE BEEN PAID FOR YOUR WORK IN THIS CASE; RIGHT?
A YES.
Q $400 AN HOUR?
A YES, THAT'S CORRECT, FOR MY TIME.
Q AND WHEN WERE YOU FIRST RETAINED AS AN EXPERT IN THIS CASE?
A I THINK THE AGREEMENT WAS REACHED IN JUNE.
Q DO YOU REMEMBER WHEN IN JUNE APPROXIMATELY?
A SOMEWHERE LATE MID-JUNE. I REMEMBER I WAS IN SWITZERLAND WORKING ON THE TRAINING WHEN WE WERE ARRANGING, SO SOMETIME AFTER JUNE 15TH.
Q OKAY. THAT'S GREAT. AND HOW MUCH TIME DO YOU THINK YOU HAVE SPENT SO FAIR PREPARING YOUR REPORT AND PREPARING FOR YOUR TESTIMONY?
A I DON'T KNOW. SINCE THIS IS THE FIRST TIME PREPARING AS AN EXPERT WITNESS, IT TOOK A LOT OF TIME. I'M THINKING PROBABLY 40 HOURS TOTAL. I'M NOT SURE.
Q OKAY. AND HOW MUCH OF THAT WAS ON THE REPORT ITSELF?
A THE REPORT I'M ESTIMATING AROUND 20.

Q ABOUT HALF THE TIME ON THE REPORT AND HALF THE TIME IN PREPARATION FOR YOUR TESTIMONY?
A YES. I'M NOT EXACTLY SURE.
Q I DON'T NEED IT DOWN TO THE MINUTE.
A OKAY.
Q AND I ASSUME THAT YOU STAND BY THE OPINIONS EXPRESSED IN YOUR REPORT?
A YES, I DO.
Q YOU DON'T HAVE ANY CORRECTIONS TO MAKE TO THAT REPORT?
A NOT AT THIS TIME.
Q I THINK YOU HAVE A COPY OF YOUR REPORT UP THERE, IF YOU NEED TO REFER TO IT, BUT YOUR REPORT DOES LIST ALL THE WRITTEN MATERIALS THAT YOU PERSONALLY RELIED UPON WHEN YOU PREPARED YOUR REPORT; IS THAT CORRECT?
A OH, NO. THAT WOULD BE WAY TOO EXHAUSTIVE.
Q CAN YOU LOOK EXHIBIT B OF THAT REPORT, PLEASE.
A WHICH BINDER SHOULD I BE LOOKING AT?
Q SHOULD BE A BINDER THAT HAS ALL THE EXPERT REPORTS. I'M NOT SURE WHICH ONE IS IT.
A PLAINTIFF'S EXHIBIT.
Q NOT THAT ONE.
A JOINT BINDER OF EXPERT REPORTS. YES.
Q OKAY. WHAT IS EXHIBIT B?
A MY DECLARATION.
Q WELL, I'M SORRY, I MEANT EXHIBIT B TO THE RIGHT. THE

DECLARATION HAS A DECLARATION. I THINK EXHIBIT A IS YOUR CV AND EXHIBIT B IS A LIST OF THE MATERIALS.

A YES.

Q IS THIS NOT A LIST OF MATERIALS THAT YOU RELIED UPON IN PREPARING YOUR REPORT?

A THESE ARE THE ONES THAT I CITED, A NUMBER OF THEM.

Q I UNDERSTAND THAT YOU DIDN'T LIST EVERY REPORT YOU HAVE EVER READ IN YOUR LIFE THAT CONFORMS TO WPATH STANDARDS; CORRECT?

A CORRECT.

Q THAT'S WHAT YOU MEANT WHEN YOU SAID IT DOESN'T CONTAIN EVERYTHING?

A CORRECT.

Q YOU ARE FAMILIAR WITH A PERSON NAMED AARON JENSEN, ARE YOU NOT?

A YES.

Q DR. JENSEN IS A PSYCHIATRIST WHO PRACTICES IN THE SAME AREA THAT YOU DO?

A YES, HE DOES.

Q AND, INDEED, YOU CO-PRESENTED ON ONE CONFERENCE WITH DR. JENSEN, HAVEN'T YOU?

A YES.

Q I'M GOING TO HAND YOU AN EXHIBIT. I HAVE COPIES FOR THE COURT.

MR. STRAWBRIDGE: MAY I APPROACH, YOUR HONOR?

THE COURT: SURE.

BY MR. STRAWBRIDGE:

Q DO YOU RECOGNIZE THIS DOCUMENT?

A I BELIEVE SO.

Q THIS IS AS FILING OF A LAWSUIT IN THE WESTERN DISTRICT OF KENTUCKY; IS THAT CORRECT?

A YES.

Q DOE V. THORNBURY?

A YES. THAT'S WHAT IT SAYS.

Q AND IT APPEARS TO BE THE DECLARATIONS THAT DR. JENSEN SUBMITTED THIS THAT CASE; IS THAT CORRECT?

A YES.

Q AND YOU HAVE GOT YOUR COPY OF YOUR REPORT WITH YOU, TOO; RIGHT?

A YES.

Q I WANT TO MAKE SURE YOU ARE ABLE TO REFER TO IT.

LET'S START WITH THE DATE OF DR. JENSEN'S DECLARATIONS. IF YOU WILL LOOK ACROSS THE TOP MARGIN, DO YOU SEE IT WAS FILED ON MAY 22ND, 2023?

A THAT PART WAS CUT OFF. YES.

Q THAT WOULD BE ABOUT A MONTH BEFORE YOUR DECLARATION IN THIS CASE WAS FILED?

A THAT'S CORRECT.

Q AND, I BELIEVE THAT WOULD BE BEFORE YOU WERE RETAINED IN THIS MATTER; CORRECT?

A CORRECT.
Q CAN YOU TURN TO PARAGRAPH 8 OF DR. JENSEN'S REPORT.
HAVE YOU GOT PARAGRAPH 8 NOW?
A YES.
Q I WANT TO LOOK AT PARAGRAPH 8 OF YOUR REPORT.
A YES.
Q TAKE A MOMENT AND WOULD YOU AGREE WITH ME THAT PARAGRAPH 8 OF BOTH OF THESE REPORTS IS WORD FOR WORD IDENTICAL?
A I BELIEVE SO.
Q PLEASE TURN TO PARAGRAPH 11 OF DR. JENSEN'S REPORT. I'D LIKE FOR YOU TO REVIEW PARAGRAPH 11 IN HIS REPORT AND PARAGRAPH 11 OF YOUR REPORT. LET ME KNOW WHEN YOU HAVE DONE THAT.
A YES.
Q DO YOU AGREE THAT THESE PARAGRAPHS ARE VIRTUALLY IDENTICAL?
A THERE IS A LOT OF THE SIMILARITY, YES.
Q WELL, THE ONLY DIFFERENCE, CORRECT ME IF I'M WRONG, IS THAT WHERE DR. JENSEN'S REPORTS USES THE NUMERAL 1000 YOUR REPORT WRITES IT OUT?
THAT'S ONE DIFFERENCE; CORRECT?
A ACTUALLY HE SAID HE'S TAUGHT A NUMBER OF COURSES DURING THE WPATH GLOBAL EDUCATION INITIATIVE -- THAT WAS THE NAME BEFORE IT BECAME THE GLOBAL EDUCATION INSTITUTE -- WHEREAS I

REFERENCE THE GLOBAL EDUCATION INSTITUTE AND I INDICATE THAT I'M ALSO A MASTER MENTOR FOR THE GLOBAL EDUCATION INSTITUTE, THE CERTIFICATION PROGRAM.

Q YES, I AGREE THERE IS AN ADJUSTMENT TO YOUR EXPERIENCE WITH THE GLOBAL -- WITH WPATH GLOBAL EDUCATION INSTITUTE, BUT THE LAST CLAUSE OF THAT SENTENCE IS WORD FOR WORD IDENTICAL, IS IT NOT?

A YES.

Q PARAGRAPHS READ IN THE BACKGROUND AND QUALIFICATION SECTION OF THESE REPORTS. THAT APPEARS TO BE CORRECT? FEEL FREE TO CHECK.

A YES.

Q THE NEXT SECTION OF EACH OF THESE REPORTS IS ENTITLED BASIS FOR OPINIONS; IS THAT CORRECT?

A YES.

Q TAKE A MOMENT. ARE THESE PARAGRAPHS WORD FOR WORD IDENTICAL?

THE COURT: SORRY, MR. STRAWBRIDGE. WHICH PARAGRAPH?

MR. STRAWBRIDGE: PARAGRAPH 15 IN THE JANSEN AFFIDAVIT. PARAGRAPH 16 IN DR. MASSEY'S REPORT.

BY MR. STRAWBRIDGE:

Q LET ME ADJUST MY QUESTION. IS THE FIRST SENTENCE OF THESE TWO PARAGRAPHS IDENTICAL WORD FOR WORD?

A IT LOOKS LIKE IT.

Q THE NEXT SECTION OF BOTH YOUR AND DR. JENSEN'S REPORTS ARE ENTITLED DISCUSSION; CORRECT?
A YES.
Q AND BEFORE WE MOVE ON, IS IT FAIR TO SAY THAT THIS IS REALLY THE MEAT OF YOUR REPORT YOUR OPINIONS, THE DISCUSSION SECTION?
A YES.
Q DO YOU AGREE WITH ME THE FIRST SUBHEADING OF DR. JENSEN'S REPORT AND OF YOUR REPORT ARE WORD FOR WORD IDENTICAL?
A YES.
Q GENDER IDENTITY DEVELOPMENT AND GENDER DYSPHORIA IN CHILDREN OF ADOLESCENTS?
A YES.
Q LOOK AT PARAGRAPH 16 OF DR. JENSEN'S REPORT AND PARAGRAPH 17 OF YOUR REPORT AND IDENTIFY FOR ME, SIR, THE DIFFERENCES IN THOSE TWO PARAGRAPHS.
A I USED THE TERM SEX ASSIGNED AT BIRTH WHERE HE USED THE TERM NATAL.
Q OTHER THAN THAT, THEY ARE IDENTICAL?
A IT APPEARS SO.
Q IS PARAGRAPH -- I'M SORRY. IS PARAGRAPH 17 -- I'M SORRY, IS PARAGRAPH 18 AND 19 IN YOUR REPORT WORD FOR WORD IDENTICAL TO PARAGRAPHS 17 AND 18 OF DR. JENSEN'S REPORT?
A YOU'RE SAYING HIS 18 AND MY 18?
Q HIS 17 AND 18 AND YOUR 18 AND 19?

A YES.
Q TURNING TO THE NEXT PARAGRAPH, WHICH WOULD BE PARAGRAPH -- I'M TRYING TO MAKE SURE I KEEP THIS CLEAR. PARAGRAPH 20 IN YOUR REPORT AND DR. JENSEN'S PARAGRAPH 19, DO YOU AGREE THESE PARAGRAPHS ARE IDENTICAL?
A WHICH ONES? I'M SORRY. 20?
Q 20 IN YOURS; 19 IN JENSEN'S?
A YEAH. I ADDED SOME CITATIONS.
Q YOU ADDED A CITATION AT THE END; CORRECT?
DR. JENSEN'S PARAGRAPH 20 COMPARED TO YOUR PARAGRAPH 21, WHAT DIFFERENCE, IF ANY, EXIST BETWEEN THOSE TWO PARAGRAPHS?
A I THINK THEY'RE THE SAME.
Q YOUR PARAGRAPH 22 AND 23, COMPARE THOSE TO DR. JENSEN'S PARAGRAPH 21 AND 22. TELL ME IF THERE ARE ANY DIFFERENCES.
A YES.
Q THEY'RE THE SAME?
A YES.
Q WORD FOR WORD?
A I BELIEVE SO.
Q THE NEXT SUBHEADING IN YOUR REPORT IS STANDARD OF CARE FOR TREATMENT OF GENDER DYSPHORIA IN YOUTH; IS THAT CORRECT?
A HOLD ON A SECOND. YES, THERE WAS A SLIGHT EDIT CHANGE ON MINE. RIGHT.
Q ON WHICH PARAGRAPH?
A 23 WHERE I INSTEAD OF USING THE PRONOUNCE USED THE GENDER

DYSPHORIA.
Q YOU SUBSTITUTED THE WORD ITSELF WITH GENDER DYSPHORIA?
A NO, HE USED IT.
Q YOU SUBSTITUTED THE WORD GENDER DYSPHORIA FOR ITSELF?
A YES.
Q THAT'S THE ONLY DIFFERENCE?
A I BELIEVE SO.
Q MOVING TO THE SUBHEADING STANDARDS OF CARE FOR THE TREATMENT OF GENDER DYSPHORIA IN YOUTH.
A YELL.
Q THAT'S IDENTICAL IN BOTH REPORTS; RIGHT?
A YES.
Q I'D LIKE YOU -- I'M GOING TO TRY TO SAVE A LITTLE BIT OF TIME HERE. AS YOU GO THROUGH THE SECTION AND YOU LOOK AT DR. JENSEN'S REPORT, THIS SUBSECTION, PLEASE LET ME KNOW WHERE YOU SEE ANY DIFFERENCES IN THE WORDS IN THE FOLLOWING PARAGRAPHS.
A IT WOULD TAKE ME SOME TIME. I DON'T KNOW IF YOU REALLY WANT ME TO GO THROUGH AND TRY TO FIND IT.
Q LET'S START WITH PARAGRAPH 24 IN YOUR REPORT VERSUS 23 IN DR. JENSEN'S REPORT. DO YOU AGREE THESE ARE IDENTICAL?
A YES.
Q DO YOU AGREE WITH ME THAT YOUR PARAGRAPH 25 IS IDENTICAL TO DR. JENSEN'S PARAGRAPH 24 WITH THE EXCEPTION THAT THE WORD OFTEN IS CHANGED TO TYPICALLY?

A YES.
Q DO YOU AGREE WITH ME THAT PARAGRAPH 26 IN YOUR REPORT IS IDENTICAL TO DR. JENSEN'S PARAGRAPH 25 EXCEPT FOR THE INSERTION OF THE THREE WORDS AND GENDER DIVERSE IN THE SECOND TO LAST SENTENCE?
A YES.
Q DO YOU AGREE WITH ME THAT PARAGRAPH 27 IN YOUR REPORT IS WORD FOR WORD IDENTICAL WITH DR. JENSEN'S PARAGRAPH 26 WITH THE EXCEPTION OF THE ADDITIONAL OF WORDS BEGINNING OF AND THE CLAUSE IN SOME CASES IRREVERSIBLE?
A YES.
Q WHEN WE GET TO YOUR PARAGRAPH 28 VERSUS DR. JENSEN'S PARAGRAPH 27, THERE ARE A FEW DIFFERENCES HERE THAT I CAN SEE. PLEASE CORRECT ME IF I'M WRONG.
GENDER AFFIRMING IN DR. JENSEN'S DECLARATION IS REPLACED WITH -- JUST DELETED, SO JUST HORMONE THERAPY AT THE START OF YOURS; CORRECT?
A YES.
Q AFTER THE WORD MEDICATION AT THE END OF THAT SENTENCE, YOU WRITE BECAUSE HORMONE THERAPY IS NECESSARY TO INDUCE, AND THAT'S A SLIGHTLY DIFFERENT WORDING THAN DR. JENSEN HAD; CORRECT?
A YES.
Q BUT THE REST OF THAT SENTENCE IS THE SAME UNTIL THE VERY END WHERE YOU HAVE USED THE WORD TRANSGENDER. I TAKE THAT

BACK. THAT'S NOT A DIFFERENCE.
A YEAH.
Q THE LAST SENTENCE IS THE SAME.
A CORRECT.
Q THAT SAME EFFECTIVE TREATMENT FOR GENDER DYSPHORIA. DO YOU SEE THAT?
A YES.
Q IT'S IDENTICAL IN BOTH REPORTS?
A UM-HMM.
Q DO YOU AGREE WITH ME THAT YOUR PARAGRAPH 30 IS IDENTICAL WORD FOR WORD TO PARAGRAPH 29 FROM DR. JENSEN'S DECLARATION?
A YES.
Q DO YOU AGREE WITH ME THAT PARAGRAPH 31 IN YOUR REPORT IS WORD FOR WORD IDENTICAL TO PARAGRAPH 30 IN DR. JENSEN'S REPORT?
A YES.
Q DO YOU AGREE THAT PARAGRAPH 33 THE BODY TEXT IN YOUR REPORT IS IDENTICAL TO DR. JENSEN'S PARAGRAPH 32?
A YES.
Q AND DO YOU AGREE WITH ME THE FOOTNOTE IN THOSE RESPECTIVE PARAGRAPHS IS IDENTICAL EXCEPT FOR THE FACT THAT YOU DELETED A CITATION THAT DR. JENSEN HAD INCLUDED IN THAT FOOTNOTE? I TAKE THAT BACK. THERE IS NO CITATION, IS THERE?
A YES.
Q THE FOOTNOTES ARE IDENTICAL?

A YES.
Q YOUR PARAGRAPH -- OH, WAIT, PARAGRAPH 34 AND IN DR. JENSEN'S PARAGRAPH 33, ALSO WORD FOR WORD IDENTICAL?
A YES.
Q PARAGRAPH 35 IN YOUR REPORT IS A PARAGRAPH THAT DOES NOT APPEAR IN DR. JENSEN'S REPORT; CORRECT?
A THAT'S CORRECT.
Q THE NEXT SUBHEADING IN DR. JENSEN'S REPORT IS THE ROLE OF MENTAL HEALTH PROVIDERS IN ACCESSING THE NECESSITY OF MEDICAL TREATMENT FOR GENDER DYSPHORIA; CORRECT?
A YES.
Q YOUR SUBHEADING ADDS THREE WORDS AT THE END, IN YOUNG PEOPLE. THAT IS OTHERWISE IDENTICAL; CORRECT?
A YES.
Q DO YOU AGREE WITH ME THAT THE FOLLOWING PARAGRAPH 36 IN YOUR REPORT IS IDENTICAL TO DR. JENSEN'S PARAGRAPH 34?
A YES.
Q YOUR PARAGRAPH 37 IS WORD FOR WORD IDENTICAL TO DR. JENSEN'S PARAGRAPH 35?
A YES.
Q YOUR PARAGRAPH 38 IS IDENTICAL TO DR. JENSEN'S PARAGRAPH 36 EXCEPT THAT IN THE SECOND SENTENCE, YOU SAY AND AT THE VERY END WHEREAS DR. JENSEN SAID OR PUBERTY BLOCKERS AND HORMONE THERAPY.
A YES.

Q YOUR PARAGRAPH 39 IS IDENTICAL TO DR. JENSEN'S PARAGRAPH 37 WITH THE EXCEPTION OF THE LAST THREE WORDS; CORRECT?
A YES.
Q AND THAT'S WHERE YOU WROTE YEARS OF CLINICAL INFORMATION COMPARED TO DR. JENSEN'S YEARS OF INFORMATION?
A YES.
Q PARAGRAPH 40 IS IDENTICAL TO DR. JENSEN'S 38?
A YES.
THE COURT: COUNSEL, MAY I SEE YOU AT SIDE-BAR.
MR. STRAWBRIDGE: SURE.
THE COURT: I WILL LET YOU MAKE YOUR RECORD AND CONTINUE IN THIS VEIN IF YOU WOULD LIKE TO BUT CONSIDER WHETHER YOU HAVE MADE YOUR POINT.
MR. STRAWBRIDGE: I WILL PROBABLY TRUNCATE THIS ALONG.
THE COURT: ALL RIGHT.
BY MR. STRAWBRIDGE:
Q I APOLOGIZE. WAS THERE'S A QUESTION PENDING.
DR. JENSEN -- I'M SORRY, DR. MASSEY. I WANT YOU TO READ YOUR REPORT AND DR. JENSEN'S REPORT UP UNTIL YOUR PARAGRAPH 44 AND TELL ME IF YOU SEE ANY SUBSTANTIVE DIFFERENCES BETWEEN WHAT YOU WROTE AND DR. JENSEN WROTE.
A UP TO WHICH PARAGRAPH?
Q UP TO PARAGRAPH 42.

A OKAY.
Q DO YOU SEE ANY SUBSTANTIVE DIFFERENCES?
A I DO NOT.
Q BRIEFLY, THE NEXT SUBHEADING IN BOTH OF YOUR REPORT AND DR. JENSEN'S REPORT IS IDENTICAL. DO YOU AGREE WITH THAT?
A YES.
Q INCLUDING THE AMPERSAND USED IN THE MIDDLE OF THAT HEADING.
A YES.
Q THE NEXT PARAGRAPH 46 IS IDENTICAL TO DR. JENSEN'S 43?
A YES.
Q CAN YOU JUST GO THROUGH THE REMAINING PARAGRAPHS OF THE REPORT. LET ME KNOW IF YOU IDENTIFY ANY SUBSTANTIVE DIFFERENCES BETWEEN YOUR REPORT AND DR. JENSEN'S REPORT.
A YES.
Q THEY ARE VIRTUALLY IDENTICAL?
A YES.
Q ONE MORE QUESTION ALONG THIS LINE. CAN YOU RETURN TO B OF DR. JENSEN'S REPORT AND COMPARE IT TO B OF YOUR REPORT.
A YES.
Q WOULD YOU AGREE WITH ME THAT THE ONLY DIFFERENCE IN THE APPENDIXES REFERENCING THE MATERIAL CITED RELIED UPON IN THESE REPORTS IS THAT YOU ADDED CITATION THE OLSON PAPER INTO THE ROSENTHAL PAPER.
MS. LITTRELL: YOUR HONOR, I WANT TO OBJECT BRIEFLY

TO THE CHARACTERIZATION. THERE MAY BE A CITATION THAT IS ADDITIONAL, BUT I OBJECT TO THE CHARACTERIZATION THAT HE ADDED A CITATION.

MR. STRAWBRIDGE: I'M HAPPY TO REPHRASE THE QUESTION.

THE COURT: OKAY.

BY MR. STRAWBRIDGE:

Q DOES THE EXHIBIT -- THE ONLY DIFFERENCE BETWEEN YOUR EXHIBIT B AND DR. JENSEN'S EXHIBIT B IS THAT IT CONTAINS TWO ADDITIONAL CITATIONS, ONE TO OLSON AND ONE TO ROSENTHAL.

A THAT IS CORRECT.

Q LOOKING AT YOUR APPENDIX B, DR. JENSEN'S DECLARATION FILED A MONTH BEFORE YOURS, IS NOT LISTED IN HERE; CORRECT?

A THAT'S CORRECT.

Q IT'S NOT LISTED ANYWHERE ELSE IN YOUR REPORT, IS IT?

A THAT'S CORRECT.

MR. STRAWBRIDGE: YOUR HONOR, I REQUEST A BRIEF SIDE-BAR.

(THE FOLLOWING DISCUSSION WAS HELD AT THE BENCH BETWEEN THE COURT AND COUNSEL.)

MR. STRAWBRIDGE: IT'S A BIT OF AN UNPRECEDENTED SITUATION AT LEAST TO MY EXPERIENCE. IT'S A BIT OF AN UNPRECEDENTED SITUATION IN MY EXPERIENCE BUT I DO THINK IT'S APPROPRIATE TO MOVE TO STRIKE THE REPORT, GIVING THE PLAGIARISM AND THE FAILURE TO DISCLOSE THE INFORMATION. I

THINK IT GOES TO CREDIBILITY AND RELIABILITY. I'M PREPARED TO PROCEED WITH EXAMINATION BUT I JUST WANT -- I THINK THAT IT WOULD BE APPROPRIATE -- OR IF COUNSEL WOULD LIKE SOME TIME TO DECIDE WHETHER THEY WOULD LIKE TO WITHDRAW, THAT'S APPROPRIATE, TOO.

THE COURT: I UNDERSTAND WHY YOU ARE SO MOVING. IT IS TROUBLING. WHAT I'M GOING TO WANT TO HEAR FROM COUNSEL FOR THE PLAINTIFFS IS WHETHER -- WELL, WHETHER YOU WANT TO CONSENT TO STRIKE THIS OR WHETHER THIS IS SOMETHING THAT I SHOULD EXAMINE AS TO THE WEIGHT AND CREDIBILITY OF THE TESTIMONY.

MR. BRADSHAW: WE ABSOLUTELY THINK THAT IT SHOULD COME IN. WE DO NOT AGREE THAT IT SHOULD BE STRICKEN. YOUR HONOR IS FREE TO CONSIDER THE WEIGHT OF THE REPORT.

DR. MASSEY HAS TESTIFIED THAT HE BELIEVES AND STANDS BY ALL OF OPINIONS THAT ARE REFLECTED IN THE REPORT. I DON'T THINK IT'S AN UNPRECEDENTED SITUATION IN ANY WAY, SHAPE OR FORM.

SO OUR POSITION IS THAT WE WOULD OBJECT TO ANY MOTION TO STRIKE THE REPORT. OF COURSE, YOUR HONOR HAS DISCRETION TO CONSIDER THE WEIGHT YOU THINK IS APPROPRIATE --

THE COURT: OKAY.

MR. BRADSHAW: -- BASED ON THE TESTIMONY OF DR. MASSEY.

THE COURT: I'M GOING TO DENY THE MOTION TO STRIKE BUT YOU CAN CONTINUE TO EXAMINE THE WITNESS AND I WILL

CONSIDER THE WEIGHT OF -- I MEAN YOU HAVE ELICITED THE FACT THAT THIS IS ESSENTIALLY WORD FOR WORD REPRODUCTION OF SOMEBODY ELSE'S WORK.

MR. STRAWBRIDGE: THANK YOU.

THE COURT: I WILL CONSIDER THAT IN ASSESSING THE TESTIMONY.

MR. STRAWBRIDGE: UNDERSTOOD.

BY MR. STRAWBRIDGE:

Q DR. MASSEY, I WANT TO TALK TO YOU BRIEFLY ABOUT YOUR CLINICAL EXPERIENCE. YOU'VE BEEN SEEING CHILDREN WHO IDENTIFY AS TRANSGENDER FOR MORE THAN TEN YEARS; IS THAT CORRECT?

A YES.

Q AND SINCE ROUGHLY 2013, YOU'VE SEEN MORE THAN 600 CHILDREN OR ADOLESCENTS WITH GENDER DYSPHORIA?

A THAT'S MY ESTIMATE.

Q I THINK IT SAYS IT IN YOUR REPORT AND YOU TESTIFIED TODAY THAT THESE CASES MAKE UP ABOUT 70 PERCENT OF YOUR PRACTICE?

A CORRECT.

Q AND I THOUGHT I HEARD YOU SAY THAT YOU HAD SHIFTED YOUR PRACTICE SO THAT YOU WERE FOCUSING MORE ON ADOLESCENTS WHO WERE COMING YOU TO; CORRECT?

A THAT'S CORRECT.

Q WHAT PERCENT OF YOUR CURRENT CASES INVOLVE PATIENTS WHO FIRST PRESENTED AS ADOLESCENTS?

A APPROXIMATELY 70 PERCENT.

Q YOU ARE AWARE THAT THE NUMBER OF CHILDREN REFERRED FOR TREATMENT FOR GENDER DYSPHORIA HAS INCREASED SUBSTANTIALLY IN RECENT YEARS?
A YES.
Q AND YOU ARE AWARE THAT THE MAJORITY OF CURRENT REFERRALS ARE FOR NATAL FEMALES WHO NOW IDENTIFY AS MALES?
A THAT HAS BEEN OBSERVED.
Q IS THAT YOUR EXPERIENCE IN YOUR PRACTICE?
A IT SEEMED LIKE IT FOR A WHILE, BUT AS OF LATE THAT SEEMS MORE EQUAL.
Q DO YOU HAVE AN ASSESSMENT AS TO HOW MANY OF THE 600 CHILDREN OR ADOLESCENTS YOU HAVE TREATED FALL IN THOSE TWO CATEGORIES?
A I WOULD ESTIMATE 60 PERCENT ASSIGNED FEMALE AT BIRTH AND ABOUT 40 PERCENT ASSIGNED MALE AT BIRTH.
Q YOU DON'T DISAGREE THAT A PATTERN OF UNEVEN RATIOS ASSIGNED SEX HAS BEEN REPORTED IN GENDER CLINICS WITH ASSIGNED FEMALE AT BIRTH PATIENTS 2 AND A HALF TO 7.1 TIMES MORE FREQUENTLY THAN PATIENTS WHO ARE ASSIGNED MALE AT BIRTH; RIGHT?
A THAT'S THE TREND WE ARE SEEING, YES.
Q THAT COMES STRAIGHT FROM THE WPATH STANDARDS OF CARE; CORRECT?
A SAY THAT AGAIN, PLEASE.
Q WHAT I READ COMES STRAIGHT THE WPATH STANDARDS OF CARE;

CORRECT?
A UM-HMM. COULD YOU SAY THAT AGAIN, PLEASE.
Q THAT A PATTERN OF UNEVEN RATIOS BY ASSIGNED SEX HAS BEEN RECORDED IN GENDER CLINICS WITH ASSIGNED FEMALE AT BIRTH PATIENT CARE 2.5 TO 7.1 TIMES MORE FREQUENTLY?
A THAT SOUNDS LIKE IT IS FROM THE STANDARDS OF CARE.
Q AS A PRACTICING PSYCHOLOGIST SPECIALIZING IN YOUTH TREATMENT, ARE YOU FAMILIAR WITH THE CDC'S YOUTH RISK BEHAVIOR SURVEY?
A YES.
Q AND ARE YOU AWARE THAT THE CDC'S MOST RECENT REPORT IN 2021 DETERMINED THAT TEENAGED GIRLS SUFFERED DISPROPORTIONATELY FROM POOR MENTAL HEALTH?
A YES.
Q IN 2021 THAT REPORT INDICATED THAT 50 PERCENT OF FEMALES, TEENAGERS, REPORTED PERSISTENT FEELINGS OF SADNESS AND HOPELESSLY COMPARED TO 29 PERCENT OF MALE TEENAGERS?
A YES.
Q THAT THAT DISPARITY INCREASED OVER THE LAST TEN YEARS?
A YES.
Q DR. MASSEY, I WANT TO ASK YOU SOME QUESTIONS ABOUT THE NATURE OF GENDER IDENTITY.
CAN YOU DEFINE FOR ME WHAT AGE GENDER MEANS.
A AGE GENDER REFERS TO SOMEBODY WHO DOES NOT RELATE TO EITHER A MASCULINE OR A FEMININE GENDER IDENTITY.

Q IT'S ITS OWN INDEPENDENT GENDER IDENTITY?
A THAT'S HOW SOME PEOPLE WOULD EXPERIENCE IT, YES.
Q WHAT DOES THE TERM GENDER FLUID MEAN?
A SOME PEOPLE EXPERIENCE, AS THE WORD FLUID SUGGESTS, SOME VARIATION IN HOW MUCH MASCULINITY THEY ARE FEELING OR HOW MUCH FEMININITY THEY ARE FEELING IN TERMS OF THEIR GENDER IDENTITY.
Q IS THAT DISTINCT GENDER IDENTITY?
A IT CAN BE, YES.
Q WHAT DOES THE TERM THIRD GENDER MEAN?
A THIRD GENDER IS A TERM THAT SOME PEOPLE IDENTIFY WITH THAT INDICATES THEY DON'T IDENTIFY WITH THE TRADITIONAL BINARY MALE OR FEMALE OR MASCULINE OR FEMININE GENDER IDENTITY.
Q IS THAT ITSELF AN INDEPENDENT GENDER IDENTITY?
A IT'S NOT LISTED ANYWHERE. LIKE I KNOW THAT I HAVE SEEN IT IN THE DSM, BUT I THINK THAT IT'S -- SOME PEOPLE EXPERIENCE THAT.
Q IS IT LISTED IN WPATH STANDARDS OF CARE?
A I BELIEVE IT IS PROBABLY.
Q WHAT DOES THE TERM BEING A QUEER MEAN?
A THERE ARE SOME PEOPLE WHO DON'T RELATE TO THE TRADITIONAL TWO GENDERS OF MAN OR WOMAN, BOY OR GIRL, AND THEY MAY WANT TO EXPERIMENT WITH OR REJECT THOSE CATEGORIES. THEY MAY DO THAT FOR A VARIETY OF REASONS WHERE THEY FEEL THEY ARE OUTSIDE THE TRADITIONAL EXPECTATIONS FOR PEOPLE WHO ARE IDENTIFIED AS A MAN OR A WOMAN.

Q AND MY LAST QUESTION ALONG THOSE LINE, WHAT DOES THE TERM ANY GENDER MEAN?
A I THINK THAT HAS TO DO WITH WHEN FOLKS FEEL SOMEWHAT OF A GENDER IDENTITY BUT NOT FULLY RELATE TO IT. YOU KNOW, IF I WAS WORKING WITH A YOUNG PERSON, I WOULD WANT TO ASK THEM WHAT DOES THAT MEAN FOR YOU.
Q DO YOU -- DO ALL OF THESE TERMS RELATE IN SOME WAY OR ANOTHER TO AN INTRINSIC CONCEPT OF GENDER IDENTITY THAT A PERSON MIGHT HAVE?
A THOSE ARE UNUSUAL, LESS COMMON-PRESENTING EXPERIENCES THAT SOME PEOPLE HAVE AROUND THEIR GENDER IDENTITY.
Q BUT THEY ARE CONCEPTS OF GENDER IDENTITY THAT SOME PEOPLE HAVE?
A YES.
Q DO YOU AGREE THAT A PERSON MAY CONSIDER A RANGE OF IDENTITIES IN THE ELEMENTS OF GENDER PRESENTATION WHILE THEY ARE EXPLORING THEIR GENDER IDENTITY?
A YES. THAT'S PART OF WHAT WE DO IN THE STANDARDS OF CARE RECOMMENDATIONS AND IN MY ASSESSMENT WITH THEM.
Q AND DO YOU DEGREE THAT A PERSON MAY SPEND SOME TIME IN A GENDER IDENTITY OR PRESENTATION BEFORE THEY DISCOVER IT DOES NOT FEEL COMFORTABLE AND LATER ADAPT OR SHIFT TO ANOTHER EARLIER IDENTITY OR PRESENTATION?
A YES, I HAVE WORKED WITH THOSE FOLKS.
Q IN YOUR OWN PERSONAL CLINICAL EXPERIENCE, ARE CHILDREN

MORE OR LESS LIKELY TO EXPLORE NEW IDENTITIES THAN ADULTS?
A TYPICALLY CHILDREN ARE AND I WOULD SAY IT VARIES BASED ON THE AGE. ARE YOU TALKING ABOUT IDENTITIES IN GENERAL OR GENERALLY?
Q BOTH.
A YES.
Q IDENTITIES IN GENERAL OBVIOUSLY WOULD INCLUDE GENDER IDENTITY?
A UM-HMM.
Q THAT'S NOT THE QUESTION. IS IDENTITIES IN GENERAL?
A IDENTITIES IN GENERAL, YES.
Q AND DO YOU THINK IT'S A DIFFERENT ANSWER FOR GENDER IDENTITY?
A I DON'T KNOW THAT ADOLESCENT ARE JUST EXPERIMENTING WITH THEIR GENDER IDENTITY. THAT'S NOT AS COMMON.
Q DO YOU AGREE WITH ME THAT SOME PEOPLE MAY CHANGE GENDER IDENTITIES MORE THAN ONCE?
A YES.
Q DR. MASSEY, CURRENT WPATH STANDARDS AS ORIGINALLY DRAFTED CONTAINED SUGGESTED MINIMUM AGE LIMITATIONS FOR SOME TREATMENT; IS THAT CORRECT?
A THAT IS CORRECT.
Q INCLUDING MINIMUM AGE FOR CROSS-SEX HORMONE TREATMENT?
A WELL, THEY RECOMMENDED MINIMUM AGES IN THE FIRST DRAFT. MINIMUM AGES.

Q THOSE MINIMUM AGES WERE DELETED FROM THE FINAL STANDARDS; CORRECT?
A THAT IS CORRECT. WE DIDN'T FEEL THEY REFLECTED THE NEED TO FOCUS ON THE INDIVIDUALIZED CARE.
Q DO YOU PERSONALLY SUPPORT ANY AGE RESTRICTION ON THE USE OF -- LET'S START WITH PUBERTY BLOCKERS FOR GENDER DYSPHORIA?
A NO. I SUPPORT USING A COMPREHENSIVE PROCESS AS OUTLINED IN MY REPORT LIKE DR. JENSEN'S REPORT, THAT IS THOROUGH AND INVOLVING PARENTS, OTHER HEALTH CARE PROFESSIONALS, GOING THROUGH THE STANDARDS OF CARE KIND OF PROCESS TO ENSURE WHETHER OR NOT SOMEBODY WOULD BENEFIT FROM THE RECOMMENDATION.
Q WHAT IS THE YOUNGEST CHILD, IN YOUR EXPERIENCE WHO WAS TREATED AND THEN RECEIVED PUBERTY BLOCKERS?
A WHO RECEIVED PUBERTY BLOCKERS?
Q YES.
A I THINK THAT I HAVE SEEN SOMEONE WHO HAD PUBERTY BLOCKERS AROUND AGE TEN.
Q AND I SHOULD LIMIT MY QUESTION TO GENDER DYSPHORIA AS OPPOSED TO PRECOCIOUS PUBERTY.
A I THINK AROUND AGE TEN, MAYBE NINE.
Q DO YOU SUPPORT ANY AGE RESTRICTION ON THE USE OF CROSS-SEX HORMONES FOR GENDER DYSPHORIA?
A WELL, AS IT SAYS IN THE STANDARDS OF CARE, WE WANT TO SEE SEVERAL YEARS OF CLEAR GENDER IDENTITY AND I WANT TO SEE A LOT OF THE INFORMATION AND DATA POINTS THAT INDICATE THAT THAT

WOULD BE THE NEXT STEP TO TRY WITH SOMEBODY TAKING ANOTHER STEP IN THEIR TRANSITION. AND ONE OF THE BENEFITS, I FIND ALSO, IS THE WAY IT'S ALSO PRACTICED HERE IN GEORGIA IS -- AND I BELIEVE IN OTHER PLACES -- IS THAT VERY LOW DOSE OF CROSS-SEX HORMONES ARE PRESCRIBED FROM WHAT THE PEDIATRIC ENDOCRINOLOGISTS TELL ME AND THAT ALLOWS US FOR A VERY SLOW PROCESS AND THE YOUNG PERSON CAN EVEN REPORT THEIR EXPERIENCE OF INTERNAL CHANGES, BEFORE ANYTHING IS VISIBLE. AND SO, THAT IS PART OF THE NEED FOR THE ONGOING COMMUNICATION AND CONSULTATION TO ENSURE THAT EVEN WITH SUBTLE CHANGES THAT ARE NOT VISIBLE TO OTHERS, THE WHOLE PURPOSE IS INDEED COMFORTABLE WITH THEM AND GETTING BENEFIT FROM STARTING EVEN ON THE LOW DOSE OF HORMONES, WHICH IS PARALLEL WITH THE PUBERTY THAT SOMEBODY WOULD HAVE HAD.

Q MY QUESTION, DR. MASSEY, WAS DO YOU SUPPORT ANY AGE RESTRICTION ON THE USE OF CROSS-SEX HORMONES FOR GENDER DYSPHORIA?

A MY CONCERN IN ANSWERING THAT THE WAY IT'S PHRASE IS THAT IT COULD BE MISINTERPRETED TO SUGGEST THAT I THINK IT'S OKAY TO HAVE HORMONE THERAPY AT AGE TEN AND I'M NOT RECOMMENDING THAT. SO I'M HESITANT TO RESPOND TO YOUR QUESTION AS IT'S PHRASED. I'M NOT TRYING TO BE DIFFICULT. I'M JUST TRYING TO BE THOUGHTFUL.

Q LET ME SEE IF I CAN HELP A LITTLE. YOU DIDN'T SUPPORT THE PROPOSED AGE LIMITATION OF 14; CORRECT?

A WE AGREED THAT THERE NEEDED TO BE INDIVIDUALIZED APPROACHES TO CARE.

Q AND THE STANDARDS DO NOT IMPOSE MINIMUM AGE LIMITATIONS NOW; CORRECT?

A THAT'S CORRECT.

Q ARE YOU AWARE OF ANYONE AS YOUNG AS TEN EVER RECEIVING CROSS-SEX HORMONES IN YOUR CLINICAL EXPERIENCE?

A NO.

Q WHAT'S THE YOUNGEST PERSON WHO HAS EVER RECEIVED CROSS-SEX HORMONES IN YOUR EXPERIENCE?

A IT WOULD PROBABLY BE AROUND 14 OR 15.

Q AND DO YOU HAVE ANY -- IN YOUR EXPERIENCE, YOU RECOMMEND A WAITING PERIOD BETWEEN THE TIME OF STARTING PUBERTY BLOCKERS AND CROSS-SEX HORMONE TREATMENT.

A IT DEPENDS ON THE CLINICAL PRESENTATION AND THE AGE OF THE PERSON.

Q WHAT'S THE SHORTEST PERIOD YOU'VE SEEN BETWEEN INITIATING PUBERTY BLOCKERS FOLLOWED BY CROSS-SEX HORMONE TREATMENT?

WHAT'S THE SMALLEST GAP YOU HAVE SEEN BETWEEN THOSE TWO TREATMENTS?

A THE SMALLEST GAP PROBABLY AROUND A YEAR. IT'S USUALLY A COUPLE OF YEARS.

Q ARE YOU FAMILIAR WITH THE LITTMAN STUDY REGARDING THE EFFECT OF SOCIAL MEDIA ON CERTAIN SUBGROUPS OF TEENAGERS PRESENTING ASSIST TRANSGENDER?

A YES. THE 2021 STUDY.
Q YES. AND, IN FACT, IT'S ACTUALLY INCLUDED IN THE WPATH GUIDELINES; ISN'T IT?
A I THINK IT IS.
Q RIGHT.
AND WPATH ACTUALLY ADVISED THAT FOR CERTAIN SUBGROUPS THAT MAY BE A CONCERN THAT'S TAKEN INTO ACCOUNT; CORRECT?
A THERE ARE A VERY SMALL NUMBER OF PATIENTS WHO WOULD NEED TO BE AWARE THAT THEY MAY HAVE PRESSURES TO BE -- TRY TO LIVE A CISGENDER. THEY MAY BE EXPOSED TO OTHER YOUNG PEOPLE WHO ARE TRANSGENDER THAT'S GOING TO TAKE INTO ACCOUNT THE ENTIRETY OF A PERSON'S EXPERIENCE.
MR. STRAWBRIDGE: NO FURTHER QUESTIONS.
THE COURT: MS. LITTRELL.

REDIRECT EXAMINATION

BY MS. LITTRELL:
Q DR. MASSEY, ARE THE OPINIONS EXPRESSED IN YOUR REPORT -- DO THEY REFLECT YOUR INDEPENDENT JUDGMENT AND EXPERTISE?
A THEY DO. I HAD LOTS OF AGREEMENT WITH DR. JENSEN'S OPINIONS AND SO HE DIDN'T INFLUENCE MY OPINION. I WAS ABLE TO UTILIZE A LOT OF THAT MATERIAL BECAUSE OUR OPINIONS ARE VERY COMPATIBLE, WHICH IS NOT SURPRISING. WE ARE BOTH PART OF THE STANDARDS OF CARE OR VISION COMMITTEE.
Q ARE THE CONCEPTS IN YOUR REPORT THOUGH UNIVERSALLY RECOGNIZED BY EXPERTS, LIKE YOURSELF AND DR. JENSEN?

A YES.
Q THE STUDIES IN YOUR REPORT THAT ARE CITED AND ROUTINELY CITED BY EXPERTS WHO ARE PROVIDING OPINIONS IN THIS ARENA?
A YES.
Q AND IN THE EXHIBIT WERE THOSE STUDIES IN ALPHABETICAL ORDER?
A YES.
Q OKAY. SO THEY WOULD PRESENT THE SAME WAY ANYBODY CITED THOSE. IT WOULD BE IN THE SAME ORDER BASED ON THE ALPHABET; CORRECT?
A YES. AND I DIDN'T THINK TO CITE HIS BECAUSE HE DIDN'T INFLUENCE MY OPINION OR FORM MY OPINION. IT WAS NICELY LAID OUT.
Q SO WHILE THE SUBSTANCE MAY BE SIMILAR BETWEEN THE TWO AFFIDAVITS AND THE ORGANIZATION MAY BE SIMILAR, THE OPINIONS EXPRESSED IN YOUR REPORT ARE THEY YOUR OWN?
A THEY ARE.
Q AND THE TESTIMONY THAT YOU PROVIDED HERE TODAY IS BASED ON YOUR EXPERTISE AND YOUR EXPERIENCE?
A YES, IT IS.
Q WAS IT TRUTHFUL?
A YES, IT IS.
Q SO SOME QUESTIONS ABOUT SOME UNUSUAL GENDER IDENTITY IDENTITIES. DOES THAT REFLECT THAT YOUNG PEOPLE USE DIFFERENT TERMINOLOGY IN THEIR GENDER EXPLORATION?

A YES, IT DOES.
Q AND DOES THAT HAVE ANYTHING TO DO WITH THE BEARING ON HOW YOU APPLY THE CRITERIA IN THE DSM-5 TO DIAGNOSIS GENDER DYSPHORIA?
A IT DEFINITELY DOES. I WANT TO TAKE IT INTO ACCOUNT TO ENSURE THAT SOMEBODY HAS GENDER DYSPHORIA THAT WARRANTS SOME BENEFITS FROM TREATMENTS FOR GENDER DYSPHORIA AS COMPARED TO THEY'RE EXPERIMENTING OR HAVING SOME OTHER EXPERIENCE.
MS. LITTRELL: THANK YOU. NO FURTHER QUESTIONS.
THE COURT: ALL RIGHT. THANK YOU.
ALL RIGHT, COUNSEL. IT'S A LITTLE EARLY. WHAT WOULD YOU -- I HAVE NO STRONG FEELINGS HERE. I DON'T KNOW HOW LONG IT'S GOING TO TAKE TO PRESENT YOUR NEXT WITNESS.
WOULD YOU LIKE TO GET STARTED AND --
MR. STRAWBRIDGE: YEAH, WE CAN PROCEED.
IS THE WITNESS IS EXCUSED?
THE COURT: THANK YOU, DOCTOR. YOU ARE EXCUSED. I APPRECIATE YOUR TESTIMONY.
MR. STRAWBRIDGE: THE DEFENDANTS CALL MICHAEL LAIDLAW.
COURTROOM DEPUTY: PLEASE RAISE YOUR RIGHT HAND.

MICHAEL LAIDLAW,

A WITNESS HEREIN, HAVING BEEN FIRST DULY SWORN, WAS EXAMINED AND TESTIFIED AS FOLLOWS:

COURTROOM DEPUTY: YOU MAY BE SEATED.

I JUST WANT TO REMIND YOU IT'S VERY IMPORTANT FOR EVERYONE IN THE COURTROOM TO HEAR YOUR TESTIMONY SO PLEASE SPEAK DIRECTLY INTO THE MICROPHONE. YOU MAY HELP YOURSELF TO ADDITIONAL WATER, IF WOULD' LIKE.

AT THIS TIME COULD STATE AND SPELL YOUR FIRST AND LAST NAME FOR THE RECORD.

THE WITNESS: YES. MY NAME IS MICHAEL LAIDLAW. M-I-C-H-A-E-L L-A-I-D-L-A-W.

COURTROOM DEPUTY: THANK YOU, SIR.

DIRECT EXAMINATION

BY MR. STRAWBRIDGE:

Q GOOD MORNING, MR. LAIDLAW. COULD YOU BRIEFLY DESCRIBE FOR THE COURT YOUR EDUCATIONAL BACKGROUND.

A SURE. I RECEIVED A BACHELOR'S DEGREE IN BIOLOGY WITH A CONCENTRATION IN MOLECULAR BIOLOGY. IN 1997 I WENT TO MEDICAL SCHOOL. AFTER THAT UNIVERSITY OF SOUTHERN CALIFORNIA. COMPLETED M.D. DEGREE THERE. WENT TO THE SAME INSTITUTION TO DO MY THREE YEARS OF INTERNAL MEDICINE RESIDENCY AND THEN FOLLOWED THAT WITH TWO YEARS OF ENDOCRINOLOGY FELLOWSHIP BEING BOARD CERTIFIED IN BOTH OF THOSE SPECIALTIES.

Q I'M GOING TO REMIND YOU TO GO A LITTLE SLOW FOR THE COURT REPORTER.

A SURE.

Q I KNOW I HAVE TO.

WHAT ABOUT YOUR PROFESSIONAL EXPERIENCE? CAN YOU BRIEFLY

OUTLINE THAT?
A SURE. SINCE THAT TIME, I HAVE BEEN WORKING IN PRIVATE PRACTICE IN ROCKLAND, CALIFORNIA. I HAVE MY OWN PRACTICE THERE AND SEE PRIMARILY ADULTS, PATIENTS FOR ENDOCRINOLOGY CONDITIONS.
Q AND WHAT TYPES OF PATIENTS DO YOU SEE IN YOUR CLINICAL PRACTICE?
A SURE. MANY TYPES OF PATIENTS. SO PATIENTS FOR DIABETES FOR EXAMPLE, TYPE 1, TYPE 2, THYROID DISEASE, GLAND DISORDERS, PROBLEMS WITH THEIR GONADS, TESTICULAR DISORDERS, OVARIAN DISORDERS, METABOLIC BONE DISEASE.
Q AND JUST HOW LONG HAVE YOU BEEN IN CLINICAL PRACTICE?
A SO 2006 THROUGH CURRENT SO ABOUT 17 YEARS.
Q OKAY. AS A CLINICIAN, DOES PUBLISHED RESEARCH INFORM YOUR PRACTICE?
A VERY MUCH SO. PARTICULARLY NOW SAY FOR EXAMPLE DIABETES NEW MEDICATIONS THAT COME ACROSS THE MARKET, SO I MAKE A POINT TO LOOK AT RESEARCH ARTICLES, HOW ARE THE STUDIES CONDUCTED, WHAT SORT OF RISK THE NEW MEDICATIONS HAVE. DO I WANT TO START SOMEONE ON A NEW MEDICATION OR TREATMENT OR WOULD IT BE BETTER TO WAIT OR USE IT FOR PEOPLE WITH ONLY SEVERE CONDITIONS AND SO FORTH. THAT ALL COMES FROM EXAMINING THE LITERATURE THAT'S AVAILABLE.
Q AND HAVE YOU HAD THE OPPORTUNITY TO FAMILIARIZE YOURSELF WITH THE LITERATURE ON HORMONE TREATMENT FOR GENDER DYSPHORIA?

A YES, I HAVE. I HAVE SPENT SEVERAL YEARS, FIVE OR SIX YEARS, LOOKING VERY CAREFULLY AT THIS LITERATURE.

Q AND JUST TO BE CLEAR, YOU ARE NOT A PEDIATRICIAN; CORRECT?

A I'M NOT A PEDIATRICIAN.

Q DO YOU THINK THAT AFFECTS YOUR ABILITY TO REVIEW, UNDERSTAND OR OPINE ON THAT LITERATURE?

A I DO NOT. I WAS TRAINED -- WE DO CERTAIN PEDIATRIC ROTATIONS IN ENDOCRINOLOGY FELLOWSHIP. WE SPENT SOME TIME IN THE PEDIATRIC CLINIC. I THINK MORE IMPORTANTLY PEDIATRIC PATIENTS IN MOST CASES, HOPEFULLY IN ALL CASES, WILL BECOME ADULT PATIENTS, SO I HAVE TO UNDERSTAND WHAT SORT OF THINGS HAVE HAPPENED THROUGH CHILDHOOD FOR TREATMENT TO SEE DIABETES, HOW -- WHAT WAS THE TREATMENT COURSE, WHAT WAS THE BEST METHOD FOR THEM TO COME INTO ADULTHOOD TO CONTINUE TO PROSPER AND THRIVE.

Q BASED ON YOUR EXPERIENCE AND REVIEW OF LITERATURE, DO YOU HAVE AN ASSESSMENT OF THE RISKS OF CROSS-SEX HORMONE TREATMENT FOR CHILDREN?

A I DO. I THINK IT WAS MY PRIMARY CONCERN WHEN I FIRST STARTED LOOKING INTO THIS THAT THE DOSES OF HORMONES THAT ARE GIVEN IN A CROSS-SEX MANNER ARE EXCEEDINGLY HIGH COMPARED TO THE BODY'S NORMAL REFERENCE RANGE.

SO, FOR EXAMPLE, I'VE CALCULATED THAT TESTOSTERONE GIVEN TO A FEMALE IS SOME SIX TO A HUNDRED TIMES HIGHER THAN NORMAL

LEVELS. ESTROGEN LEVELS ARE SIMILARLY HIGH.

Q I'M GOING TO ASK YOU TO REFER TO YOUR REPORT. I THINK YOU HAVE A COPY OF IT UP THERE IN ONE OF THOSE BINDERS. I'M GOING TO PUT UP THE CHART OF PAGE 47 OF YOUR REPORT.

A YES.

Q DOES THIS CHART REFER TO THE LEVELS OF TESTOSTERONE IN FEMALES THAT YOU WERE JUST REFERRING TO?

A YES, IT'S WHAT I HAVE SHOWN ON THE LEFT ARE FOUR DIFFERENT -- THREE DIFFERENT CONDITIONS. THE NORMAL CONDITION AND BELOW YOU CAN SEE THE VARIOUS LEVELS OF TESTOSTERONE FROM ZERO TO A THOUSAND.

AND SO, IN BLUE, I HAVE THE NORMAL REFERENCE RANGE FOR ADULT FEMALES WHICH IS SOME DEPENDING ON THE LAB, 10 TO SAY 50. AND THEN I HAVE OTHER MEDICAL -- MEDICAL CONDITIONS WHICH HAVE HIGHER LEVELS OF TESTOSTERONE THAT WE DIAGNOSIS. WE CALL THIS CONDITION HYPERANDROGENISM. HIGH LEVELS OF ANDROGENS OR TESTOSTERONE. SO A COMMON CONDITION IN GRAY IS POLYCYSTIC OVARIAN SYNDROME AND YOU CAN SEE THAT THE LEVELS CAN BE HIGHER. THEY CAN BE AS HIGH AS A HUNDRED FIFTY. SO THIS IS A CONDITION OF HIRSUTISM SYNDROME, UNWANTED HAIR GROWTH ON THE FACE. IT CAN CAUSE METABOLIC CHANGES. IT CAN CAUSE INFERTILITY. SO THIS IS A CONDITION THAT I SEE AND THAT I TREAT AND THAT I'M CONCERNED ABOUT REGULATING THE HORMONES FOR THOSE PATIENTS.

BELOW THAT, I'VE SHOWN LEVELS THAT CAN OCCUR WHICH ARE

MUCH HIGHER FROM ENDOCRINE TUMORS. THESE CAN BE FROM DANGEROUS TUMORS SUCH AS CARCINOMA, HORMONE OVARIAN TUMORS PRODUCE VERY HIGH-LEVELS, SOME 200 TO SAY A THOUSAND. SO I NEED TO BE VERY COGNIZANT OF LEVELS OF HORMONES FOR THESE PATIENTS.

WHAT STRUCK ME WHEN I FIRST STARTED INVESTIGATING THIS WAS THAT LEVELS THEY'RE RECOMMENDING FOR FEMALES ARE, AS I SAID, EXCEEDINGLY HIGH COMPARED TO THE NORMAL RANGE. SO YOU CAN SEE HERE WHAT THEY'RE RECOMMENDING IN THE GUIDELINES IS TO BRING TESTOSTERONE LEVELS TO VERY HIGH RANGES ABOUT THREE HUNDRED TO A THOUSAND AS DEPICTED HERE.

Q AND IN YOUR -- LET ME ASK YOU THIS: WHAT DOES THE LITERATURE INDICATE ABOUT THE LONG-TERM HEALTH EFFECTS OF PROVIDING THAT KIND OF HORMONE TREATMENT TO TRANSGENDER OR GENDER DYSPHORIA YOUTH?

A RIGHT. WELL, THERE'S NOT A LOT OF GOOD STUDIES ON LONG-TERM HEALTH EFFECTS. THERE IS REALLY NONE FOR ADOLESCENTS WHO ARE GIVEN HIGH DOSES OF CROSS-SEX HORMONES SUCH AS THIS. THERE IS A 30-YEAR STUDY FROM SWEDEN. I'M NOT SURE HOW TO PRONOUNCE THE NAME SO I'LL JUST SAY DENNY, IN 2011, WHICH SHOWED VERY HIGH RATES OF COMPLETED SUICIDE 19 TIMES HIGHER THAN THE GENERAL POPULATION.

SO THEY COMPARED A FEW HUNDRED PATIENTS WHO HAD TAKEN HORMONES AND ALSO WHO HAD SURGERY TO THE GENERAL POPULATION. THEY LOOKED AT 30 YEARS WORTH OF DATA AND FOUND THAT THEY WERE

19 TIMES MORE LIKELY TO COMPLETE SUICIDE. THEY WERE NEARLY -- HAD NEARLY THREE TIMES HIGHER RATE OF DEATH OF ANY CAUSE, AND NEARLY THREE TIMES THE RATE OF PSYCHIATRIC AND PATIENT PSYCHIATRIC HOSPITALIZATION.

Q SETTING ASIDE THE PSYCHIATRIC CONDITIONS AND SUICIDE, WHAT DO THE STUDIES INDICATE ABOUT THE LONG-TERM EFFECTS OF CROSS-SEX HORMONE TREATMENT IN TERM OF PHYSICAL?

A THERE WAS A REVIEW BY DR. ERWIN OF WPATH IN 2018 THAT SHOWED HIGH RATES OF DEATH IN RECEIVING CROSS-SEX HORMONES. AS FAR AS TESTOSTERONE, LABELING INDICATES INCREASED RISK OF THROMBOSIS OR BLOOD CLOTS. THERE ARE PERMANENT CHANGES TO THE FACE OR OTHER PARTS OF THE BODY FROM HAIR GROWTH. THERE ARE EFFECTS ON CHOLESTEROL SUCH AS LOWERING GOOD CHOLESTEROL, HDL. THERE ARE NUMEROUS EFFECTS ON THE REPRODUCTIVE SYSTEM SUCH AS ATROPHY OF THE VAGINA, ATROPHY OF THE UTERUS, POLYCYSTIC OVARIES. THIS CAN LEAD -- AND ALSO AN ENLARGEMENT, AN ABNORMAL ENLARGEMENT TO THE CLITORIS, WHICH CAN BE UNCOMFORTABLE, WHICH ISN'T REVERSIBLE.

THERE ARE EFFECTS ON FERTILITY, WHICH FOR ME FOR ADOLESCENT ARE MOST CONCERNING. ONE THING THAT ISN'T DISCUSSED VERY OFTEN IS THAT THE PELVIC BONES OF FEMALES CHANGE QUITE DRAMATICALLY DURING PUBERTY, SUCH THAT THEY WIDEN AND THE INLETS AND OUTLETS ARE ENLARGED SO THAT A BABY CAN PASS THROUGH AFTER -- DURING DELIVERY. IF THAT'S INTERFERED WITH BY SAY PUBERTY BLOCKERS ON TOP OF CROSS-SEX HORMONES,

THEN, THE PELVIS WILL NOT WIDEN AS IT SHOULD. THERE COULD BE COMPLICATIONS LATER IN LIFE WITH OBSTRUCTION OF BIRTH, BASICALLY.

SEXUAL DYSFUNCTION IS ANOTHER POSSIBILITY BECAUSE OF THE CHANGES THAT HAVE HAPPENED IN FEMALES WITH EASIER TEARING OF THE VAGINA, POSSIBLE ANORGASMIA OR PAINFUL ORGASMS HAVE BEEN REPORTED FROM SOME DETRANSITIONERS.

Q ARE THERE ANY FROM YOUR PERSPECTIVE ANY CONCERNS IN TERMS OF PHYSICAL AFFECTS FROM PROVISION OF THE ESTROGEN TO NATAL MALES?

A YES. AGAIN, THERE WAS THE STUDY WITH INCREASED RISK OF MYOCARDIA INFARCTION DUE TO CARDIOVASCULAR DISEASE. INCREASED RISK OF BLOOD CLOTS FOUND ABOUT FIVE TIMES HIGHER IN THE SAME REVIEW.

THERE IS PERMANENT CHANGES OBVIOUSLY TO BREAST TISSUE. MALES DO HAVE SOME SMALL AMOUNTS OF BREAST TISSUE WHICH WILL DEVELOP FURTHER. IF SOMEONE WISHES TO DETRANSITION LATER IN LIFE -- I KNOW A PERSON PERSONALLY WHO WISHES -- WHO HAS DETRANSITIONED BUT IS CONCERNED ABOUT THE COST OF SURGERY AND ALSO PAIN THAT RESULTS FROM THIS TYPE OF REDUCTION.

OTHER EFFECTS CAN BE IMPOTENCE, ERECTILE DYSFUNCTION, DECREASED SPERM PRODUCTION, INFERTILITY.

Q SETTING ASIDE THE COMPLEXITY OF TREATMENT FOR GENDER DYSPHORIA, ARE THERE ANY STUDIES INDICATING THAT THERE ARE NEGATIVE PSYCHOLOGICAL EFFECTS THAT ARISE FROM HORMONE

TREATMENT?

A FOR EXAMPLE, FOR GIVING TESTOSTERONE, YEAH. THE CLOSEST MODEL, AS I SAID IN MY CHART HERE, THE LEVELS OF TESTOSTERONE ARE VERY, VERY HIGH THAT ARE PROVIDED FOR IN TRANSITION. THE CLOSEST -- AND THIS HAPPENS IN THE TUMORS THAT I SHOW HERE. IT HAPPENS VERY INFREQUENTLY IN NATURE, SO WE DON'T HAVE A LOT OF INFORMATION ABOUT LONG-TERM EFFECTS BUT WHAT WE DO HAVE ARE STUDIES OF PEOPLE WHO HAVE ABUSED ANABOLITIC STEROIDS, MEANING TESTOSTERONE OR SIMILAR GIVEN IN VERY HIGH DOSES, IN THIS CASE USUALLY TO INTENSE ATHLETIC PERFORMANCE.

WHEN THEY HAVE LOOKED AT PSYCHOLOGICAL CHANGES THAT HAVE HAPPENED IN THESE PEOPLE, THEY FOUND HYPERACTIVITY, AGGRESSIVENESS, IRRITABILITY, GRANDIOSITY, RECKLESS BEHAVIOR AND EVEN POSITIVE EFFECTS LIKE EUPHORIA.

IN THE SAME PAPER, THEY SHOW 23 PERCENT OF THOSE PEOPLE HAD MET DSM CRITERIA AT THE TIME OF A MAJOR MOOD SYNDROME DISORDER. AND EVEN 3 TO 12 PERCENT OF THESE PEOPLE HAD ACTUAL PSYCHOSIS.

SO HORMONES ARE VERY POWERFUL MEDICATIONS. EVEN THYROID HORMONES, FOR EXAMPLE, CAN HAVE VERY HIGH DOSES. CAN LEAD TO PSYCHOSIS. CAN LEAD TO ANXIETY. VERY LOW DOSES OF HORMONES OR VERY HIGH LEVELS CAN LEAD TO PHYSICAL AND MENTAL MORBIDITY.

Q YOU EARLIER RECOMMEND THE DENNY STUDY FROM SWEDEN; CORRECT?

A YES.

Q YOU MENTIONED THE STUDY.
A RIGHT.
Q I'M GOING TO PUT UP THAT STUDY. THIS IS ONE OF THOSE STUDIES YOU MENTIONED AND RELIED ON IN YOUR REPORT?
A THAT'S CORRECT.
Q AND JUST I WANT TO SHOW THE COVER TO MAKE SURE THIS IS THE APPROPRIATE STUDY.
A YES.
Q CAN I ASK YOU TO EXPLAIN WHAT IS DEPICTED ON THE CHART.
A SURE. SO THERE ARE SEVERAL LINES HERE SHOWING OVER THE COURSE OF 30 YEARS THE SURVIVAL OF THE DIFFERENT GROUPS OF PEOPLE STUDIED IN THIS SWEDISH STUDY.

SO THE TOP TWO BOLDER LINES THAT AREN'T THAT CONTINUOUS SHOW MALE CONTROLS AND FEMALES CONTROLS AND YOU CAN SEE OVER TIME, AS YOU MIGHT EXPECT, PEOPLE DIE AND THEN THE GRAPH SLOWLY GOES DOWNWARDS.

WHAT YOU CAN SEE WITH THE DOTTED LINES FOR MALE TO FEMALE AND FEMALE TO MALE, PERSONS WHO HAD HORMONES AND SURGERY AND YOU CAN SEE STARTING AT ABOUT TEN YEARS, ARE RAPID DECREASE IN SURVIVAL OF BOTH OF THOSE GROUPS.

Q NOW I JUST WANT TO BE VERY CLEAR.

DO YOU THINK THIS OPINION DEMONSTRATES THAT HORMONE TREATMENT OR GENDER-AFFIRMING TREATMENT CAUSES SUICIDE?
A I HAVE NOT SAID THAT IT DIRECTLY CAUSES SUICIDE. I HAVEN'T SAID IT INCREASED SUICIDE OR DECREASED SUICIDE. I

SIMPLY SAID THEY SHOWED IN THIS STUDY A 19 TIMES HIGHER RATE OF COMPLETED SUICIDE COMPARED TO GENERAL POPULATION. SO THERE IS AN ASSOCIATION.

Q AND THERE IS A DIFFERENCE BETWEEN CAUSE AND ASSOCIATION?

A THERE IS A DIFFERENCE BETWEEN CAUSE AND ASSOCIATION. THERE ARE MANY CRITERIA TO ESTABLISH CAUSE. AND SO YOU WOULD NEED TO DO A PROPERLY CONTROLLED STUDY AND THEN VERIFY THOSE STUDIES TO SHOW FOR SURE THAT ONE CAUSES THE OTHER.

Q YOU ALSO MAYBE HEARD A DISCUSSION YESTERDAY IN THE COURTROOM ABOUT THE CHEN STUDY?

A YES.

Q DOES THE CHEN STUDY REVEAL ANY INFORMATION ABOUT THE ASSOCIATION BETWEEN SUICIDE OR SUICIDALITY IN A POPULATION TAKING GENDER-AFFIRMING HORMONES?

A YES. SO THEY STUDIED PATIENTS OVER A COUPLE OF YEARS AND WERE LOOKING TO SEE ANY CHANGES IN MENTAL HEALTH. THERE WERE 319 SOME PATIENTS, SOMEWHERE IN THAT ORDER, AND TWO OF THEM HAD COMPLETED SUICIDE. AND THE MOST COMMON EFFECT THEY FOUND ADVERSE EFFECT WAS SUICIDALITY IN THAT STUDY.

Q DOES THAT MEAN THAT THEIR GENDER-AFFIRMING TREATMENT CAUSED SUICIDE?

A I'M NOT SAYING IT CAUSED SUICIDE BECAUSE THIS STUDY CAN'T PROVE THAT WITH CERTAINTY BUT THERE'S AN ASSOCIATION THAT NEEDS TO BE CONSIDERED. THERE'S BIOLOGICAL PLAUSIBILITY THAT MENTAL HEALTH CONDITIONS AS I HAVE DESCRIBED COULD WORSEN WITH

HIGH DOSES OF HORMONES.

Q AND WERE YOU IN THE COURTROOM WHEN DR. MCNAMARA REFERENCED THE GUPTA STUDY, A RELATIVELY NEW STUDY OUT OF EMORY?

A YES.

Q AND HAVE YOU HAD A CHANCE TO REVIEW THAT STUDY?

A I HAVE TAKEN A LOOK AT THAT STUDY.

Q CAN YOU JUST DESCRIBE BRIEFLY WHAT THAT STUDY SHOWS.

A SURE. WELL, THEY DID A CHART REVIEW OF PATIENTS LOOKING AT, I THINK THE YEARS WERE SOMETHING LIKE 2000 TO 2019 LOOKING AT WHEN PATIENTS INITIATED HORMONE THERAPY, CROSS-SEX HORMONE THERAPY UNTIL SOME END TIME POINT AND THEN THEY FOLLOWED UP WHERE THEY COULD WITH PHONE CALLS TO SEE IF PATIENTS WERE STILL TAKING CROSS-SEX HORMONE THERAPY.

THERE WERE 50 -- THIS WAS A 121, I BELIEVE, PERSONS WHO WERE UNDER 18 AND THOSE WERE FOLLOWED FOR JUST TWO YEARS. THERE A PRETTY HIGH DROP-OUT RATE THAT I COULD SEE THERE, TOO. THEY COULDN'T ACCOUNT FOR 15 PERCENT OF THE PATIENTS.

THEY DIDN'T LOOK AT ALL AT SUICIDALITY, SUICIDE PSYCHIATRIC, CO-MORBIDITIES, PSYCHIATRIC MEDICATIONS. THEY DIDN'T LOOK AT IF GENDER DYSPHORIA, IMPROVED OR WORSENED. IT DOESN'T HAVE A LOT TO SAY, AS FAR AS I CAN SEE.

Q ARE YOU PERSUADED BY THE RECOMMENDATIONS SET FORTH IN WPATH STANDARDS OF CARE FOR THE TREATMENT OF GENDER DYSPHORIA?

A SPEAKING SPECIFICALLY ABOUT FOR ADOLESCENTS IN THIS CASE?

THEY HAVE NOT -- NO, I DON'T AGREE WITH THEIR STANDARDS OF CARE.

Q CAN YOU EXPLAIN WHY.

A THEY HAVE NOT BEEN ABLE TO DO OR THEY CLAIM THEY CAN'T DO A COMPREHENSIVE REVIEW, SYSTEMATIC REVIEW ON OUTCOMES. AND SO, THEY CAN'T SAY WITH CERTAINTY THAT THE SAFETY PROFILE IN FSQC AS A TREATMENT IS OF A HIGH MAGNITUDE.

THIS IS IN CONTRAST TO A NUMBER OF OTHER NATIONS INCLUDING ENGLAND, FINLAND, SWEDEN AND NORWAY, WHO HAVE DONE THEIR OWN SYSTEMATIC REVIEWS OF THE EVIDENCE. THEY DID LOOK AT ADOLESCENTS. THEY WERE ABLE TO DO IT AND THEY CONCLUDED THAT THERE IS NO GOOD EVIDENCE. THERE ARE NO GOOD HIGH-QUALITY STUDIES. THERE ARE NO LONG-TERM STUDIES THAT SHOW SAFETY AND EFFICACY OF THE WPATH STANDARDS OF CARE, MEANING SOCIAL TRANSITION, PUBERTY BLOCKERS, CROSS-SEX HORMONES AND GENITAL SURGERIES.

MR. STRAWBRIDGE: THANK YOU, DR. LAIDLAW. I DON'T HAVE ANY FURTHER QUESTIONS.

CROSS-EXAMINATION

BY MR. BRADSHAW:

Q GOOD MORNING, MR. LAIDLAW.

A GOOD MORNING.

Q DO I HAVE IT RIGHT YOU ARE A ADULT ENDOCRINOLOGIST; RIGHT?

A YOU ARE CORRECT.

Q I THINK YOU SAID THAT YOU PRIMARILY TREAT ADULTS FOR ENDOCRINE CONDITIONS; CORRECT?
A YES.
Q AND ISN'T THE CASE THAT LESS THAN 5 PERCENT OF YOUR PATIENTS ARE ADOLESCENTS OR CHILDREN?
A YES.
Q NOW YOU INDICATED THAT YOU'RE FAMILIAR WITH RESEARCH ABOUT GENDER DYSPHORIA BUT YOU HAVEN'T CONDUCTED ANY ORIGINAL RESEARCH YOURSELF WITH RESPECT TO GENDER DYSPHORIA; CORRECT?
A YOU ARE CORRECT.
Q AND YOU HAVEN'T PUBLISHED ANY PEER-REVIEWED ARTICLES IN ANY SCIENTIFIC PUBLICATION WITH RESPECT TO GENDER DYSPHORIA; CORRECT?
A I HAVE AN ARTICLE IN A PEER-REVIEWED AMERICAN JOURNAL OF BIOETHICS.
Q OKAY. THAT'S BIOETHICS THOUGH. THAT'S NOT IN THE MEDICAL JOURNAL; CORRECT?
A AS FAR AS I KNOW IT'S A MEDICAL JOURNAL.
Q NOW YOU TESTIFIED JUST GENERALLY AND WE'RE GOING TO COME BACK AND COVER SOME OF THESE THINGS, BUT YOU TESTIFIED GENERALLY TO THE RISKS IN YOUR OPINION WITH RESPECT TO THE TREATMENT OF ADOLESCENTS WITH HORMONAL THERAPIES; CORRECT?
A YES.
Q AND YOU HAVE THOSE OPINIONS DESPITE THE FACT THAT YOU HAVE NEVER IN YOUR PRACTICE DIAGNOSED AN ADOLESCENT WITH

GENDER DYSPHORIA; CORRECT?
A WELL, I HAVE AN ADULT PATIENT WHO HAD GENDER DYSPHORIA AND IS A DETRANSITIONER.
Q AND I UNDERSTAND THAT THAT'S AN ADULT. THAT WASN'T MY QUESTION. MY QUESTION IS HAVE YOU EVER DIAGNOSED AN ADOLESCENT EVER IN YOUR PRACTICE WITH GENDER DYSPHORIA?
A I DON'T DIAGNOSE THAT CONDITION.
Q AND ISN'T IT THE CASE, ALSO, DR. LAIDLAW YOU HAVE NEVER TREATED AN ADOLESCENT FOR GENDER DYSPHORIA?
A CORRECT.
Q AND WITH RESPECT TO THE ONE ADULT PATIENT THAT YOU SAID YOU HAVE TREATED WAS A DETRANSITIONER, WHEN WAS THAT TREATMENT?
A IT'S ON -- WHAT TREATMENT ARE YOU REFERRING TO, THE INITIAL TREATMENT?
Q WELL, YOU SAID THAT YOU WERE TREATING AN ADULT FOR GENDER DYSPHORIA. DID I GET THAT CORRECT?
A YES, IT'S ONGOING.
Q WHEN DID THAT START?
A I'M TREATING THE PATIENT FOR AFTEREFFECTS OF GENDER-AFFIRMATIVE THERAPY TO BE CLEAR. I'M NOT TREATING THEM FOR GENDER DYSPHORIA.
Q WHEN DID THAT START?
A LIKE A YEAR, YEAR AND A HALF AGO.
Q OKAY. HOW OLD IS THAT PATIENT?

A HE IS AROUND 20.
Q EXCUSE ME.
A SOMEWHERE AROUND 20.
Q OKAY. THANK YOU.
NOW DR. LAIDLAW, YOU ARE NOT A LICENSED, MEDICAL HEALTH CARE PROVIDER; CORRECT?
A THAT'S CORRECT.
Q YOU ARE NOT A PSYCHIATRIST?
A I AM NOT.
Q YOU ARE NOT A PSYCHOLOGIST?
A I AM NOT.
Q YOU ARE A BIOETHICIST; RIGHT?
A NOT TRAINED BIOETHICIST.
Q IN FACT, YOU WERE TRAINED IN INTERNAL MEDICINE?
A AND ENDOCRINOLOGY.
Q NOT PEDIATRICS?
A NOT PEDIATRICS.
Q SO IS THE PATIENT THAT YOU SAID THAT YOU ARE TREATING, DID THAT PATIENT HAVE GENDER DYSPHORIA?
A AT SOME POINT IN TIME.
Q OTHER THAN THAT PATIENT, HAVE YOU EVER TREATED ANY PATIENT, ADULT OR ADOLESCENT, FOR GENDER DYSPHORIA?
A I HAD ONE ADULT PATIENT IN TRAINING WHO I PRESCRIBED ESTROGEN. I HAD A FOLLOW-UP VISIT A NATAL MALE PATIENT THAT I PRESCRIBED ESTROGEN.

Q AND THAT WAS IN THE EARLY 2000S; RIGHT? THAT ONE PATIENT?
A YEAH 2005, '6, SOMETHING LIKE THAT.
Q AND THAT RELATED TO YOU REFILLED THAT PATIENT'S PRESCRIPTION FOR ESTROGEN; CORRECT?
A WELL, THEY CAME IN FOR A VISIT, SO I SAW THEM, EVALUATED AND EXAMINED THEM AND THEN I FILLED THE MEDICATION.
Q ALL RIGHT. SO EARLY 2000S?
A YES.
Q AND THAT WAS BEFORE DSM-5?
A AND THAT WAS BEFORE THE ENDOCRINE SOCIETY'S FIRST SET OF GUIDELINES EVEN.
Q AND YOU ACTUALLY WENT AHEAD AND FILLED THE PRESCRIPTION FOR ESTROGEN; CORRECT?
A I DID.
Q AS PART OF YOUR AFFIDAVIT IN THIS CASE, YOU HAVE SUBMITTED A CV?
A YES.
Q IS THAT UP-TO-DATE?
A I TRIED TO MAKE IT UP-TO-DATE.
Q IS EVERYTHING IN THAT CV ACCURATE?
A WHATEVER IS IN THERE SHOULD BE ACCURATE BUT THERE'S BEEN A NUMBER OF DIFFERENT STATES ASKING FOR MY ASSISTANCE, SO I TRIED TO LIST EVERY ONE I COULD.
Q LET'S ACTUALLY TALK ABOUT THAT.

YOU LISTED IN YOUR CV SEVERAL CASES IN WHICH YOU HAVE BEEN RETAINED AS AN EXPERT; CORRECT?

A YES.

Q AND IN ALL OF THOSE CASES, YOU HAVE BEEN RETAINED TO OFFER OPINIONS IN OPPOSITION TO AN INJUNCTION OR PRELIMINARY INJUNCTION THAT'S BEING SOUGHT; CORRECT?

A I BELIEVE SO.

Q OKAY. WELL, IF YOU TURN TO YOUR CV, LET'S ACTUALLY TALK A LITTLE BIT ABOUT THIS. AT PAGE 3 DOWN AT THE BOTTOM IT SAYS EXPERT WITNESS WORK IN AMICUS BRIEFS.

A YES.

Q DO YOU SEE THAT?

A I DO.

Q OKAY. THE SECOND ENTRY DOWN IS 2023 AND IT MAKES REFERENCE TO THE THORNBURY CASE.

A WHICH YEAR?

Q AT THE BOTTOM OF THE PAGE THERE'S THREE ENTRIES WHERE YOU IDENTIFY YOU HAVE BEEN RETAINED AS AN EXPERT WITNESS. THIS IS PAGE 3 OF YOUR CV?

A OKAY. THERE IS -- I SEE 2020, 2019 AND 2018.

MR. BRADSHAW: MAY I APPROACH, YOUR HONOR?

THE COURT: PLEASE.

A OKAY.

Q THE SECOND ENTRY DOWN.

A YES. I SEE IT.

Q IT SAYS UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF KENTUCKY. DO YOU SEE THAT?
A YES.
Q NOW YOU SUBMITTED A REPORT -- WELL, STRIKE THAT. IS THIS THE CASE THAT INVOLVES A STATUTE DIRECTED AS BANNING CARE TO ADOLESCENT MINORS FOR TRANSGENDERS --
A BANNING GENDER-AFFIRMING THERAPY.
Q RIGHT. THAT'S PENDING IN KENTUCKY; CORRECT?
A YES.
Q AND YOU SUBMITTED A REPORT IN THAT CASE; CORRECT?
A YEP.
Q DID YOU TESTIFY IN THAT CASE?
A NO, I DON'T BELIEVE SO.
Q AND THE REPORT THAT YOU SUBMITTED WAS IN SUPPORT -- OR EXCUSE ME -- IN OPPOSITION TO A MOTION FOR INJUNCTION; CORRECT?
A YES.
Q DO YOU KNOW HOW THE COURT RULED IN THAT CASE?
A YES. IT RULED AGAINST OUR POSITION.
Q OKAY. IF YOU GO DOWN TO THE NEXT ONE, IT REFERENCES A CASE IN TENNESSEE. DO YOU SEE THAT?
A YES.
Q AND YOU SUBMITTED A EXPERT REPORT IN THE TENNESSEE CASE?
A YES.
Q THE TENNESSEE CASE INVOLVES GENDER-AFFIRMING CARE;

CORRECT?
A YES.
Q DID YOU TESTIFY IN THAT CASE OR JUST SUBMIT A REPORT?
A I BELIEVE -- YEAH, I JUST SUBMITTED A REPORT.
Q AND IT WAS IN OPPOSITION TO A MOTION FOR PRELIMINARY INJUNCTION?
A YES.
Q HOW DID THE COURT RULE?
A THE DISTRICT COURT OR THE APPEALS COURT?
Q DISTRICT.
A THE DISTRICT COURT RULED AGAINST OUR POSITION.
Q OKAY. YOU ALSO SUBMITTED A REPORT IN A CASE TUCKER VERSUS IVY IN THE MIDDLE DISTRICT OF ALABAMA; CORRECT?
A YES.
Q DID YOU TESTIFY IN THAT CASE?
A NOT AS OF YET.
Q OKAY. YOU JUST SUBMITTED A REPORT?
A YES.
Q AND THAT WAS IN OPPOSITION TO A MOTION FOR A PRELIMINARY INJUNCTION?
A THE INITIAL ONE. AND I THINK IT'S -- I HAVE SUBMITTED A SUBSEQUENT REPORT.
Q OKAY. WHO HAS THAT SUBSEQUENT REPORT BEEN SUBMITTED TO? TO THE COURT?
A TO THE COURT.

Q HOW DID THE COURT RULE OF THE MOTION FOR PRELIMINARY INJUNCTION?
A AGAINST OUR POSITION.
Q I'M SORRY?
A AGAINST OUR POSITION.
Q NOW, DR. LAIDLAW, GOING BACK TO YOUR CV, YOU LIST IN YOUR CV, IF I'M CORRECT, ALL OF THE PUBLICATIONS THAT YOU'VE WRITTEN; IS THAT RIGHT?
A AS MANY AS I COULD THINK OF.
Q OKAY. HAVE YOU EVER PUBLISHED A PEER-REVIEWED ARTICLE WITH RESPECT TO THE AFFECTS ON STERILITY AS IT RELATES TO GENDER-AFFIRMING CARE?
A MY AMERICAN JOURNAL OF BIOETHICS DISCUSSES INFERTILITY.
Q DOES -- HAVE YOU EVER PUBLISHED A PEER-REVIEWED ARTICLE WITH RESPECT TO FERTILITY?
A THAT'S WHAT IT WAS ABOUT.
Q OKAY. IN YOUR POSITION IS THE ARTICLE THAT YOU ARE REFERRING TO, IS IT SUBJECT TO THE PEER-REVIEW PROCESS?
A IT'S A PEER-REVIEWED JOURNAL. I DON'T KNOW WHAT PROCESS THEY WENT THROUGH.
Q OKAY. OTHER THAN THAT, HAVE YOU EVER PUBLISHED AN ARTICLE WITH RESPECT TO THE AFFECTS, IF ANY, ON STERILITY OR FERTILITY WITH THE TO GENDER-AFFIRMING CARE?
A I HAVE PUBLICATIONS WHICH I HAVE LISTED WHERE I DISCUSSED THAT. ARE YOU TALKING IN MEDICAL JOURNALS?

Q I'M TALKING ABOUT A PEER REVIEWED -- YOU ARE FAMILIAR WITH THE PEER-REVIEW PROCESS; RIGHT?
A RIGHT.
Q I'M TALKING ABOUT A PEER REVIEW. I'M NOT --
A OKAY.
Q LET ME ASK THE QUESTION. I'M NOT TALKING ABOUT LETTERS TO THE EDITOR. I'M NOT TALKING ABOUT ESSAYS. I'M TALKING ABOUT AN ACTUAL ARTICLE THAT'S SUBJECT TO A CONFIRMED PEER-REVIEW PROCESS.
A NO.
Q HAVE YOU EVER WRITTEN AN ARTICLE SUBJECT TO THE PEER-REVIEW PROCESS ABOUT INFORMED CONSENT WITH RESPECT TO GENDER-AFFIRMING TREATMENTS?
A NO.
Q NOW, YOU DID MENTION THAT YOU HAVE SOME -- YOU HAVE WRITTEN SOME LETTERS TO THE EDITOR AND OTHER PIECES OF WORK WITH RESPECT TO GENDER-AFFIRMING CARE. AM I CORRECT ABOUT THAT?
A YES.
Q NONE OF THOSE HAVE BEEN SUBJECT TO PEER REVIEW?
A I DON'T KNOW.
Q YOU DON'T KNOW.
A I DON'T KNOW.
Q DR. LAIDLAW, YOU SUBMITTED AN AMICUS BRIEF TO THE UNITED STATES SUPREME COURT, DID YOU NOT, IN THE CASE OF DOE VERSUS

BOYERTOWN AREA SCHOOL DISTRICT?

A THIS WOULD BE 2018?

Q I WILL TELL YOU FROM THE ONE LISTED AMICUS BRIEF IN YOUR CV, IT'S NOT THE AMICUS BRIEF THAT YOU FILED IN THE DOE VERSUS BOYERTOWN CASE. THAT'S MY QUESTION. SO LET ME START AGAIN.

DR. LAIDLAW, DID YOU SUBMIT AN AMICUS BRIEF IN THE CASE TO THE UNITED STATES SUPREME COURT IN THE CASE OF DOE VERSUS BOYERTOWN?

A I DON'T RECALL SUBMITTING AN AMICUS TO THE SUPREME COURT.

Q DO YOU SEE WHAT I HAVE JUST PUT UP ON THE SCREEN?

A YES.

Q DOES THIS REFRESH YOUR MEMORY ABOUT WHETHER YOU SUBMITTED AN AMICUS BRIEF TO UNITED STATES SUPREME COURT IN THE CASE OF DOE VERSUS BOYWERTOWN? IS THAT YOU LISTED AS AUTHOR, MICHAEL LAIDLAW?

A YES.

Q OKAY. DOES IT REFRESH YOUR RECOLLECTION NOW THAT YOU DID, IN FACT, SUBMIT AN AMICUS BRIEF TO UNITED STATES SUPREME COURT?

A I SEE MY NAME THERE. I PROBABLY HAVE TO LOOK AT SOME OF THE WORDING TO REMEMBER FOR SURE.

Q SO IS IT YOUR TESTIMONY DESPITE SEEING YOUR NAME, YOU DON'T RECALL WHETHER YOU SUBMITTED AN AMICUS BRIEF TO THE UNITED STATES SUPREME COURT?

A I WOULD HAVE TO LOOK AT WHAT'S WRITTEN THERE TO REMEMBER.
Q OKAY. REGARDLESS, YOU DIDN'T LIST IT ON YOUR CV, DID YOU?
A IF I HAD DONE IT AT THAT TIME, IT WAS A MISTAKE.
Q HAVE YOU EVER LISTED THIS SUPREME COURT -- THE BRIEF TO THE SUPREME COURT, THE AMICUS BRIEF THAT YOU FILED IN THE CASE OF DOE VERSUS BOYERTOWN?
A I DON'T SEE IT LISTED.
Q LET ME FINISH.
THE COURT: THE COURT REPORTER IS GOING TO BE UPSET SO LET'S TRY TO --
A RIGHT.
Q ALLOW ME TO FINISH MY QUESTION.
HERE'S MY QUESTION: HAVE YOU EVER LISTED THE AMICUS BRIEF THAT YOU SUBMITTED TO THE UNITED STATES SUPREME COURT IN THE CASE OF DOE VERSUS BOYERTOWN ON YOUR CV?
A WHAT YOU HAVE THERE I DON'T RECALL EVER PUTTING IT ON A CV.
Q WHY NOT?
A PROBABLY IT SLIPPED MY MEMORY. I'M NOT TRYING TO HIDE ANYTHING.
Q WELL, LET'S TALKING ABOUT THE BRIEF THAT YOU SUBMITTED TO THE UNITED STATES SUPREME COURT. ON PAGE 14 OF THE BRIEF -- AND I'LL PUT IT UP IN YOU WANT --
A YES, PLEASE.

Q -- YOU WROTE GENDER DYSPHORIA USERS HAVE A FALSE BELIEF IN THEIR GENDER IDENTITY; CORRECT?

MR. STRAWBRIDGE: OBJECTION. THE WITNESS DID ASK FOR HIM TO PULL IT UP.

MR. BRADSHAW: I'M HAPPY TO PUT IT UP.

THE COURT: YES.

BY MR. BRADSHAW:

Q I'LL JUST REPRESENT YOU TO, DR. LAIDLAW, THE MARKINGS ARE MINE. THEY ARE NOT IN THE ACTUAL BRIEF THAT YOU SUBMITTED, OKAY.

IN FACT, YOU WROTE, IN THE BRIEF TO THE SUPREME COURT, DID YOU NOT, THAT GENDER DYSPHORIA USERS HAVE A FALSE BELIEF IN THEIR GENDER IDENTITY?

A LET ME REREAD IT, IF I COULD.

Q I WILL READ THE SPECIFIC LANGUAGE TO YOU. IT'S HIGHLIGHTED. SUCH TREATMENTS ENCOURAGE A GENDER DYSPHORIC YOUTH LIKE SOME IN THIS CASE, TO ADHERE TO HIS OR HER FALSE BELIEF THAT HE OR SHE IS OF THE OPPOSITE SEX.

HERE IS MY QUESTION: DID YOU WRITE THAT, DR. LAIDLAW?

A I'M LISTED ON THAT BRIEF, SO I WOULD TAKE ACCOUNTABILITY FOR IT.

Q AND DID YOU WRITE THAT UNDERSTANDING THAT YOU HAVE NEVER TREATED AN ADOLESCENT FOR GENDER DYSPHORIA?

A YES.

Q AND DID YOU WRITE THAT DESPITE THE FACT THAT YOU NEVER

DIAGNOSED EVER AN ADOLESCENT FOR GENDER DYSPHORIA?
A YES.
Q NOW, IN THE SUPREME COURT BRIEF THAT YOU SUBMITTED ON PAGE 15 YOU WROTE AND I'M GOING TO SHOW IT TO YOU, THAT GENDER DYSPHORIC YOUTH ARE MAINTAINING A CHARADE; IS THAT CORRECT?
A COULD I SEE IT PLEASE.
Q I'LL JUST BEGIN -- THE MARKINGS ARE MINE. YOU SAY, YOU WRITE, THESE TREATMENTS WOULD HELP THE CHILD TO MAINTAIN HIS OR HER DELUSION BUT WITH LESS DISTRESS AND AMONG OTHER ASPECTS REQUIRING OTHERS IN THE CHILD'S LIFE TO GO ALONG WITH THIS CHARADE. DO YOU SEE THAT?
A I DO.
Q DID I READ THAT CORRECTLY?
A YOU DID.
Q AND THAT'S WHAT YOU WROTE IN A BRIEF TO THE UNITED STATES SUPREME COURT?
A IT APPEARS.
Q AND YOU WROTE THAT DESPITE THE FACT THAT YOU HAVE NEVER DIAGNOSED AN ADOLESCENT FOR GENDER DYSPHORIA?
A YES.
Q AND YOU WROTE THAT DESPITE THE FACT THAT YOU HAVE NEVER TREATED AN ADOLESCENT FOR GENDER DYSPHORIA?
A YES.
Q ALL RIGHT. ON PAGE 16 OF THE BRIEF THAT YOU SUBMITTED TO THE UNITED STATES SUPREME COURT, YOU REFERRED TO GENDER

TRANSITION AS A QUOTE IMPERSONATION OF THE OPPOSITE SEX. DOES THAT RING A BELL?

A YES.

Q AND, YOU DID, IN FACT, WRITE THAT TO THE UNITED STATES SUPREME COURT?

A COULD YOU SHOW IT TO ME.

Q ABSOLUTELY. I WOULD BE HAPPY TO. AGAIN, THE MARKINGS ARE MINE. A YOUTH'S FALSE BELIEF WOULD THUS BE PERPETUATED THROUGH NAME AND PRONOUN CHANGES, THE SUCCESSFUL IMPERSONATION OF THE OPPOSITE SEX. DID YOU WRITE THAT?

A YES.

Q OKAY. AND YOU WROTE THAT DESPITE THE FACT YOU COULD HAVE NEVER DIAGNOSED AN ADOLESCENT FOR GENDER DYSPHORIA?

A YES.

Q AND YOU WROTE THAT DESPITE THE FACT THAT YOU HAVE NEVER TREATED AN ADOLESCENT FOR GENDER DYSPHORIA?

A YES.

Q ON PAGE 16 ALSO, YOU REFER TO GENDER DYSPHORIA AFFIRMANCE AS PLAY ACTING. DO YOU SEE THAT?

A YES.

Q SAME QUESTION. YOU WROTE THAT DESPITE THE FACT THAT YOU RECEIVE NEVER TREATED A CHILD OR AN ADOLESCENT FOR GENDER DYSPHORIA?

A YES.

Q AND YOU WROTE THAT DESPITE THE FACT THAT YOU HAVE NEVER

DIAGNOSED A CHILD OR ADOLESCENT WITH GENDER DYSPHORIA?
A YES.
Q DR. LAIDLAW, YOU'RE AWARE THAT YOUR OPINIONS ON WPATH STANDARDS OF CARE ARE CONTRARY TO THE RECOMMENDATIONS OF EVERY MAJOR MEDICAL AND MENTAL HEALTH ASSOCIATION IN THE UNITED STATES?
A IN THE UNITED STATES, YES.
Q AND YOU ARE AWARE THAT THOSE MEDICAL AND MENTAL HEALTH ASSOCIATIONS HAVE SUBMITTED AN AMICUS BRIEF? I KNOW YOU ARE FAMILIAR WITH AMICUS BRIEFS, IN THIS CASE?
A I DON'T KNOW ABOUT THIS CASE. I KNOW THEY HAVE IN MANY OTHER CASES.
Q OKAY. HAVE YOU READ THE AMICUS BRIEF THAT THOSE ORGANIZATIONS IS IN SUPPORT OF HORMONAL INTERVENTIONS FOR TREATING GENDER DYSPHORIA SUBMITTED IN THIS CASE?
A NOT FOR THIS CASE.
Q HAVE YOU READ ANY OF THE AMICUS BRIEFS THEY FILED IN OTHER CASE?
A YES. IN ALABAMA, I BELIEVE SO.
Q SO -- AND YOU ARE AWARE THAT YOUR POSITIONS ARE DIRECTLY AT ODDS WITH THOSE ORGANIZATIONS?
A YES.
Q NOW IN YOUR REPORT, DR. LAIDLAW, YOU TALK ABOUT STERILIZATION AS POTENTIAL CONSEQUENCES OF GENDER-AFFIRMING CARE; IS THAT RIGHT?

A THAT'S CORRECT.
Q WHEN YOU REFER IN PARAGRAPH 95 YOU'RE REFERRING PRIMARILY TO GENDER-AFFIRMING SURGERY?
A THAT RIGHT. YES.
Q OKAY. SO, YOUR OPINION, WITH RESPECT TO STERILITY IS FOCUSED ON SURGERIES, THE REMOVING OR THE CHANGING OF GONADS WITH RESPECT TO STERILITY?
A WELL, IT'S PART OF THE CONTINUUM THAT STARTS WITH PUBERTY BLOCKERS TO CONTINUES TO CROSS-SEX HORMONES TO SURGERIES. SO MOST OF THOSE PATIENTS WHO START ON PUBERTY BLOCKERS IN THE STUDY WENT ON TO CROSS-SEX HORMONES, WENT ON TO SURGERIES. SO IT'S PART OF CONTINUUM THAT ENDS IN STERILITY.
Q OKAY. SO YOUR OPINION WITH RESPECT TO STERILITY IS FOCUSED ON SURGERY?
A THAT'S ALL THAT WE HAVE. WE'RE NOT SURE YET ABOUT PATIENTS WITH PUBERTY BLOCKERS AND CROSS-SEX HORMONES IF THEY WILL BE PERMANENTLY STERILIZED.
Q OKAY. ARE YOU AWARE THAT THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS HAVE CONCLUDED THAT HORMONE THERAPY IS NOT AN EFFECTIVE CONTRACEPTION? AWARE YOU OF THAT?
A YES.
Q NOW YOU WOULD AGREE WITH ME, WOULD YOU NOT, DR. LAIDLAW, THAT AS LONG AS A PERSON RETAINS THEIR GONADS, THEY HAVE THE POTENTIAL FOR FERTILITY?
A NOT NECESSARILY.

Q IN WHAT WAY WOULD YOU DISAGREE?
A LET'S SAY SOMEONE HAD THE MUMPS, VERY PAINFUL, EXTRACTION OF TISSUE OR A SOME OTHER CONDITION THAT DESTROYED OVARIAN TISSUE THEY WOULD BE INFERTILE.
Q NOW YOU ARE AWARE THAT THERE ARE OPTIONS FOR TRANSGENDER PATIENTS TO PRESERVE THEIR FERTILITY?
A FOR SOME, YES. FOR OTHERS THE OPTIONS ARE VERY LIMITED TO EXPERIMENTAL TREATMENTS.
MR. STRAWBRIDGE: YOUR HONOR, I'M RELUCTANT TO DO IT. I JUST NOTE THAT THE PARTIES DID HAVE AN AGREEMENT ON TIME. I THINK THE PLAINTIFFS' TIME HAS EXPIRED. I DON'T OBJECT TO HIM FINISHING A LINE OF QUESTIONS BUT AT SOME POINT IT FEELS LIKE THE TIME SHOULD BE OBSERVED.
MR. BRADSHAW: I RECOGNIZE THAT AND I'M NOT TRYING -- I HAVE BEEN TRYING TO KEEP TRACK OF MY TIME. I WILL FINISH UP IN A MINUTE.
THE COURT: OKAY. FINE.
BY MR. BRADSHAW:
Q DR. LAIDLAW, I HAVE JUST A COUPLE QUICK QUESTIONS AND THEN I'LL BE FINISHED.
ON PAGE 93 OF YOUR REPORT YOU ACTUALLY PROVIDE SOME OPINIONS REGARDING THE FIVE MINOR PLAINTIFFS IN THIS CASE. AM I RIGHT ABOUT THAT?
A YES.
Q YOU NEVER TALKED TO ANY OF THE FIVE MINOR PLAINTIFFS IN

THIS CASE; RIGHT?
A NO. I READ THEIR DECLARATIONS PROVIDED.
Q YOU NEVER TALKED TO THEIR MEDICAL PROVIDERS?
A NO.
Q NEVER TALKED TO THEIR PARENTS?
A NO.
Q IN PARAGRAPH 259, YOU STATE AS AN OPINION THAT BOTH AK AND TM APPEAR TO HAVE AN UNREALISTIC EXPECTATION ABOUT GENDER-AFFIRMING TREATMENT. DO YOU SEE THAT?
A YES.
Q AND YOU HAVE NEVER DISCUSSED WITH AK OR TM WHAT THEIR EXPECTATIONS ARE WITH RESPECT TO GENDER-AFFIRMING TREATMENT, HAVE YOU?
A I'M USING WHAT'S WRITTEN IN THE DECLARATION.
Q THAT WASN'T MY QUESTION.
MY QUESTION IS HAVE YOU EVER DISCUSSED WHAT THEIR EXPECTATIONS ARE WITH THEM?
A I HAVEN'T DISCUSSED ANYTHING WITH THEM.
Q OKAY. AND SAME WITH RESPECT TO LZ WHO YOU CLAIM IS UNDER THE FALSE IMPRESSION THAT THERE IS ANOTHER OPTION AVAILABLE, OTHER THAN GOING THROUGHOUT NATURAL PUBERTY.
DO YOU SEE THAT? IT IS IN PARAGRAPH 259. I'M SORRY.
A FALSE IMPRESSION. MIDDLE, END OR WHICH PART OF THE PARAGRAPH? I'M SORRY.
Q IT'S THE SECOND TO LAST SENTENCE IN THAT PARAGRAPH. I'LL

READ IT.

LZ WHO HAS SOCIALLY TRANSITIONED AS A CHILD IS UNDER THE FALSE IMPRESSION THAT THERE IS ANOTHER OPTION AVAILABLE, OTHER THAN GOING THROUGH NATURAL MALE PUBERTY. DO YOU SEE THAT?

A YES.

Q SO YOU NEVER TALKED WITH LZ ABOUT WHAT IMPRESSION SHE HAS OR DOESN'T HAVE?

A I HAVEN'T TALKED. IT'S BASED ON WHAT'S IN DECLARATION.

MR. BRADSHAW: NO FURTHER QUESTIONS, YOUR HONOR.

THE COURT: THANK YOU.

MR. STRAWBRIDGE: NO, YOUR HONOR.

THE COURT: NO REDIRECT. THANK YOU.

THE WITNESS: THANK YOU.

THE COURT: I APPRECIATE YOUR TESTIMONY.

ALL RIGHT. COUNSEL, IS THERE ANYTHING THAT WE SHOULD DISCUSS BEFORE WE TAKE A LUNCH BREAK?

MR. STRAWBRIDGE: THE PARTIES, I THINK, NEED TO MARK -- GO OVER AND MARK THE EXHIBITS. WE'RE HAPPY TO DO THAT WHEN WE ADJOURN HERE. I JUST WANT TO MAKE SURE THEY GET ADMITTED BEFORE THE HEARING IS CLOSED.

THE COURT: YEAH, SURE. WHY DON'T WE DO THIS: WE'LL BREAK NOW AND IF YOU ALL CAN -- BEFORE WE RESUME, IF YOU CAN DO WHAT NEEDS TO BE DONE IN TERMS OF CONFERRING WITH MS. PITTMAN ABOUT EXHIBITS AND WE'LL BE READY TO DEAL WITH THE EXHIBITS WHEN WE RESUME AFTER LUNCH.

MR. BRADSHAW: WE ARE GOING TO 30 MINUTES OF ARGUMENT PER SIDE AFTER LUNCH?

THE COURT: LET'S START WITH THAT. I'M GOING TO HAVE QUITE A FEW QUESTIONS FOR EACH SIDE, SO YOU WILL HAVE AT LESS 30 MINUTES.

ALL RIGHT. ANYTHING ELSE?

MR. STRAWBRIDGE: WE WILL BREAK FOR AN HOUR.

(LUNCHEON RECESS WAS TAKEN.)

THE COURT: WE HAVE EXHIBITS TO DISCUSS; IS THAT CORRECT?

MR. BRADSHAW: YES, YOUR HONOR. I THINK WE HAVE BEEN WORKING WITH MS. PITTMAN TO GET A FINAL SET OF EXHIBITS THAT ARE ADMITTED AND THAT ARE STIPULATED TO. I THINK WE ALMOST ARE THERE. THERE'S A COUPLE THAT WE NEED TO PRINT OUT AND SO WE'RE WORKING THROUGH THE LOGISTICS OF THAT. BUT, OTHERWISE, WE HAVE GONE THROUGH THE EXHIBITS, THEY HAVE BEEN MARKED, BOTH FOR THE PLAINTIFFS AS WELL AS FOR THE DEFENDANTS AND I THINK THE ONLY ISSUE IS WITH RESPECT TO A COUPLE THAT ARE -- WE'RE HOPING TO GET PRINTED OUT AND WE'LL WORK WITH MS. PITTMAN.

THE COURT: OKAY. THAT SOUNDS FINE. AND ARE THE OUTSTANDING ONES, ARE THESE THE DECLARATIONS THAT ARE ON THE DOCKET OF THE CASE?

MR. BRADSHAW: THEY ARE. SPECIFICALLY, THEY'RE THE DECLARATIONS OF THE PLAINTIFFS AND DECLARATIONS THAT THE

DEFENDANTS SUBMITTED IN THEIR SUR-REPLY AS PART OF THE BRIEFING. SO THEY ARE ON THE DOCKET.

THE COURT: YEAH.

MR. BRADSHAW: SO THEY HAVE BEEN FILED IN THE CASE. WE JUST WANT TO MAKE SURE THEY HAVE BEEN MARKED AS EXHIBITS AND ARE --

THE COURT: THAT'S FINE. IF YOU WANT TO DO IT THAT WAY, THAT'S FINE WITH ME. ALTERNATIVELY, IF YOU WANT TO GIVE ME A LIST OF WHERE THEY ARE ON THE DOCKET, YOU CAN ORALLY MOVE TO ADMITTED THEM AND I WILL ADMIT THEM.

MR. BRADSHAW: WE WILL CAN DO THAT. THAT WOULD SAVE US SOME LOGISTICAL --

THE COURT: SURE. AND YOU DON'T HAVE TO PRINT.

MR. STRAWBRIDGE: DO YOU WANT US TO WAIT AND THEN ADMIT EVERYTHING AT THE END OF ARGUMENT?

THE COURT: WHY DON'T YOU-ALL JUST TAKE A FEW MINUTES AND SEE IF YOU CAN AGREE ON WHAT NEEDS TO COME IN, MAKE YOUR LIST, AND THEN I WILL ADMIT EVERYTHING AND THEN WE CAN MOVE ON TO CLOSING EVIDENCE.

MR. STRAWBRIDGE: OKAY.

THE COURT: DOES THAT SOUND ALL RIGHT?

MR. BRADSHAW: YES. WE'RE ALL SET. I CAN READ THEM OUT TO YOU.

THE COURT: OKAY.

MS. GARAGIOLA: SO PLAINTIFFS' EXHIBITS WE WOULD BE

STARTING WITH PX 19 DOCKET ENTRIES IS 2-1. 2-2 WILL BE PX 20. 2-3 WILL BE PX 21. 2-4-PX WILL BE 22. 2-5-PX WILL BE 23. 2=6 WILL BE PX 24. 2-7 WILL BE PX 25. 78-1 WILL BE PX 26. 78-2 WILL BE PX 27. 78-3 WILL BE PX 28. 78-4 WILL BE PX 29. AND 99-1 WILL BE PX 30.

THANK YOU.

THE COURT: ALL RIGHT. ANY OBJECTION TO THE ADMISSION OF ANY OF THOSE?

MR. STRAWBRIDGE: NO. I JUST WANT TO UNDERSTAND, SO YOU READ IN THE AFFIDAVITS FROM THE DEFENDANTS AS WELL? 78 I THINK THAT'S OUR FILINGS?

MS. GARAGIOLA: I'M SO SORRY. YOU ARE RIGHT. I DID. I'M SO SORRY. ALL RIGHT. 78-1, 78-2, 78-3 AND 78-4, SHOULD BE DX'S.

MR. STRAWBRIDGE: IF YOU WANT TO WITHDRAW THE 78'S, I CAN THEN --

THE COURT: OKAY. WE'LL WITHDRAW THE 78'S, AND MR. STRAWBRIDGE, IS THERE ANY OBJECTION TO ADMISSION OF THE OTHER EXHIBITS THAT COUNSEL HAS JUST LISTED?

MR. STRAWBRIDGE: NO OBJECTION FOR ADMISSION FOR PURPOSES OF THIS HEARING.

THE COURT: OKAY. SO THOSE ARE ADMITTED. AND THEN YOU HAVE SOME THAT YOU'D LIKE TO ADMIT.

MR. STRAWBRIDGE: YES. IN ADDITION TO THE EXHIBITS THAT ALREADY BEEN ADMITTED, WE WOULD MOVE THE ADMISSION OF

DOCKET 78-1, WILL BE DX13. 78-2 WHICH WILL BE DX 14. 78-3 WHICH WILL BE DX15. 78-4, WHICH WILL BE DX 16, AND 78-5, WHICH WILL BE DX 17.

THE COURT: ANY OBJECTION?

MS. GARAGIOLA: NO OBJECTION.

THE COURT: ALL RIGHT. ALL OF THESE EXHIBITS ARE ADMITTED.

COURTROOM DEPUTY: YOU ARE ADMITTING PX 1 THROUGH 8, DX 1 THROUGH 12.

THE COURT: ANY OBJECTION? MY UNDERSTANDING IS THAT YOU ALL AGREED TO ALL OF THAT.

MR. BRADSHAW: NO OBJECTION.

MR. STRAWBRIDGE: WE ARE.

THE COURT: YES, THEY ARE ADMITTED.

ARE YOU READY FOR ARGUMENT.

MR. BRADSHAW: THANK YOU, YOUR HONOR.

MAY IT PLEASE THE COURT. BEN BRADSHAW FOR THE PLAINTIFFS.

AT THE OUTSET, YOUR HONOR, LET ME JUST THANK YOU FOR YOUR TIME OVER THE LAST TWO DAYS AND FOR THE TIME OF THE COURT'S PERSONNEL. WE APPRECIATE IT. WE KNOW IT HAS BEEN A LOT.

YOUR HONOR, THE TESTIMONY THAT WE HEARD OVER THE PAST TWO DAYS CONFIRMS THAT GENDER DYSPHORIA IS A REAL AND SERIOUS MEDICAL CONDITION.

WHAT'S ALSO BEYOND DISPUTE IS THAT GENDER DYSPHORIA, WHILE A SERIOUS MEDICAL CONDITION, IS HIGHLY TREATABLE. THERE'S A WELL-ESTABLISHED STANDARD OF CARE FOR THE TREATMENT OF TRANSGENDER YOUTH WHO SUFFER FROM GENDER DYSPHORIA AND THAT STANDARD OF CARE INCLUDES HORMONE THERAPY.

AND, CRITICALLY, YOUR HONOR, THE EVIDENCE CONFIRMS, THE EVIDENCE THAT YOU'VE HEARD OVER THE LAST TWO DAYS, CONFIRMS THAT TREATMENTS LEAD TO POSITIVE OUTCOMES. THEY MAKE PEOPLE BETTER AND ALLEVIATE THE DEBILITATING DISTRESS THAT MINORS SUFFERING FROM GENDER DYSPHORIA EXPERIENCE IN THEIR LIVES. AND ISN'T THAT THE POINT OF MEDICAL TREATMENT? TO MAKE PEOPLE BETTER AND ALLEVIATE PAIN.

THE RECORD EVIDENCE THAT YOU'VE HEARD IS CLEAR THAT THERE IS CONSENSUS IN THE MEDICAL COMMUNITY THAT TRANSITIONING MEDICATIONS, INCLUDING THE HORMONE THERAPY BANNED BY S.B. 140, ARE SAFE, EFFECTIVE, AND MEDICALLY APPROPRIATE TO TREAT GENDER DYSPHORIA. EVERY MAJOR MEDICAL ORGANIZATION IN THE UNITED STATES AGREES WITH THIS. AND YOU HAVE THE AMICUS BRIEFS FROM THOSE ORGANIZATIONS IN THIS CASE SUPPORTING AFFIRMING CARE FOR MINORS AND ADOLESCENTS WITH GENDER DYSPHORIA.

STILL, S.B. 140 BANS THEIR USE. AND IN DOING SO, INARBITRARILY DENYING TRANSGENDER MINORS THE SAFE, EFFECTIVE, AND LIFE-AFFIRMING MEDICAL CARE THAT THEY NEED, IT VIOLATES THEIR CONSTITUTIONAL RIGHTS.

BUT THIS JUST ISN'T ABOUT THEORETICAL LEGAL

PRINCIPLES, YOUR HONOR. BECAUSE OF THIS LAW, THE MINOR PLAINTIFFS IN THIS CASE AMY, TORI, LISA, LINDA, ARE UNABLE TO RECEIVE THE MEDICAL TREATMENT THAT THEY NEED WITH DEVASTATING PHYSICAL, PSYCHOLOGICAL AND EMOTIONAL CONSEQUENCES.

THE LAW ALSO DENIES THEIR PARENTS THE FUNDAMENTAL RIGHT TO MAKE DECISIONS CONCERNING THE MEDICAL CARE OF THEIR CHILDREN. AND LIKE ANY PARENT, THE PARENT PLAINTIFFS IN THIS CASE WANT THE BEST FOR THEIR CHILDREN. AND WHEN THEY SEE THEIR CHILDREN SUFFERING, WANT TO GET THE BEST TREATMENT THEY CAN. THAT'S WHAT THIS CASE IS ABOUT.

I WANT TO ADDRESS THE COURT'S QUESTIONS. YOUR FIRST QUESTION -- AND I'M GLAD YOU ASKED THE QUESTION -- ABOUT THE CRITICAL FACTS AND HOW WE APPLY THEM TO THE CONSTITUTIONAL STANDARDS. I'M GOING TO TALK ABOUT SOME OF THOSE FACTS.

YOUR HONOR, AT A MINIMUM, FROM THE CONSTITUTIONAL-STANDARDS PROSPECTIVE HEIGHTENED SCRUTINY APPLIES, AT A MINIMUM IN THIS CASE. IT APPLIES BECAUSE S.B. 140 DISCRIMINATES ON SEX, IT DISCRIMINATES ON THE BASIS OF TRANSGENDER STATUS AND IT DISCRIMINATES AGAINST A QUASI-SUSPECT CLASS.

NOW, IN ORDER, YOUR HONOR, TO SURVIVE HEIGHTENED SCRUTINY, THE STATE MUST ESTABLISH AN EXCEEDINGLY-PERSUASIVE JUSTIFICATION FOR THE CLASSIFICATION. THAT'S U.S. V. VIRGINIA, 518 US 515. THAT'S THE STANDARD THAT THE STATE, IN JUSTIFYING THAT IT HAS AN IMPORTANT INTEREST, MUST DEMONSTRATE

THROUGH EXCEEDINGLY-PERSUASIVE EVIDENCE THAT THE CLASSIFICATION IS AN IMPORTANT INTEREST. THAT'S WHERE THE FACTS COME INTO PLAY.

SO IN TERMS WHEN YOU ARE THINKING THROUGH THE CONSTITUTIONAL ANALYSIS AND THE APPLICATION OF THE FACTS, THE FACTS COME INTO PLAY NOT WITH RESPECT TO WHETHER HEIGHTENED SCRUTINY APPLIES -- AND BY THE WAY, STRICT SCRUTINY APPLIES FOR THE SUBSTANTIVE DUE PROCESS CLAIM. THAT'S WHY I SAY AT A MINIMUM HEIGHTENED SCRUTINY APPLIES. BUT THE FACTS COME INTO PLAY IN TERMS OF ASSESSING WHETHER THE STATE CAN DEMONSTRATE A COMPELLING OR AN IMPORTANT GOVERNMENT INTEREST.

THE COURT: AND I AGREE WITH YOU.

AND SO WHAT DO I DO ON THAT POINT?

WHAT DO I DO WITH THE TESTIMONY THAT WE'VE HEARD? AND I THINK WE HAVE HEARD SOME CONSENSUS, AT LEAST SOME CONSENSUS FROM THE EXPERTS ON BOTH SIDES, ABOUT SOME OF THE RISKS THAT ARE INVOLVED.

SO HOW DO I FACTOR THAT IN, APPLYING -- IF I APPLY HEIGHTENED SCRUTINY, HOW WOULD I DO THAT?

MR. BRADSHAW: TWO POINTS, YOUR HONOR.

FIRST OF ALL, WE WOULD CONTEST THAT THE EVIDENCE IS OVERWHELMINGLY IN SUPPORT THAT THESE ARE SAFE, EFFECTIVE, MEDICALLY-APPROPRIATE TREATMENTS WHEN APPLIED WITH THE APPLICABLE STANDARDS OF CARE.

NOW, THERE ARE SOME VOICES -- AND YOU'VE HEARD FROM

THE DEFENDANTS FROM THE STATE'S EXPERTS. THOSE VOICES MIGHT BE LOUD BUT THEY'RE OUTLIERS. AND WHAT'S IMPORTANT FOR THE COURT TO UNDERSTAND IS THAT NONE OF THE STATE'S WITNESSES HAS EVER DIAGNOSED A PATIENT, AN ADOLESCENT WITH GENDER DYSPHORIA. NONE OF THE EXPERTS FROM THE STATE HAVE EVER TREATED AN ADOLESCENT WITH GENDER DYSPHORIA. TWO OF THE THREE HAVE PROMOTED THAT GENDER DYSPHORIA IS A CHARADE AND A FALSE BELIEF. THOSE ARE WELL AND CONTRARY AND OUTSIDE OF THE MAINSTREAM.

NOW, WHAT IS YOUR HONOR TO DO WITH THAT?

HERE'S THE QUESTION THAT YOUR HONOR HAS TO ASK IN TERMS OF THE CONSTITUTIONAL STANDARD AND EXCESSIVELY, EXCEEDINGLY-PERSUASIVE JUSTIFICATION: IS A STUDY FROM FINLAND OR A STUDY FROM SWEDEN, THAT DOESN'T BY THE WAY. THEY'RE REPORTS THAT DOESN'T BAN CARE AND IS LARGELY INCONSISTENT WITH THE WPATH STANDARDS. DOES THAT EVIDENCE RISE TO THE LEVEL OF EXCEEDINGLY PERSUASIVE?

ABSOLUTELY NOT.

IN OTHER WORDS, YOUR HONOR, THE STATE OF STRICT SCRUTINY REQUIRES -- IS A MEANINGFUL STANDARD. YOUR HONOR DOESN'T -- IF THERE IS -- AND WE WOULD CONTEST THERE ISN'T CREDIBLE EVIDENCE ON THE OTHER SIDE. BUT IF YOUR HONOR FINDS THAT THERE IS SOME CREDIBLE EVIDENCE, THAT IS NOT DETERMINATIVE BECAUSE IT DOESN'T SATISFY THE CONSTITUTIONAL STANDARD FOR HEIGHTENED SCRUTINY.

ALSO, YOUR HONOR, REMEMBER, IT'S NOT JUST A COMPELLING OR AN IMPORTANT INTEREST. IT IS, IS IT NARROWLY TAILORED. IN OTHER WORDS, IS THE BAN NARROWLY TAILORED TO THE GOVERNMENT INTEREST.

THERE CAN BE NO QUESTION HERE, YOUR HONOR, THAT THIS BAN IS NOT NARROWLY TAILORED. EVEN IF YOU -- EVEN IF YOU FIND THAT THERE'S AN IMPORTANT INTEREST THIS IS AN ABSOLUTE BAN. THERE ARE NUMEROUS LESS-RESTRICTIVE ALTERNATIVES THAT THE STATE COULD EMPLOY HERE.

IF THE STATE IS CONCERNED ABOUT MEDICAL PROVIDERS PUSHING THESE TREATMENTS ON UNWITTING ADOLESCENTS FOR WHICH THERE IS NO SUPPORT -- THERE IS NO EVIDENCE FOR THAT IN THE RECORD -- THE STATE CAN MANDATE THAT THE INFORMED CONSENT PROCESSES OF THE AMERICAN ENDOCRINE ASSOCIATION AND THE OTHER STANDARD BODIES, THE STATE COULD MANDATE THOSE PROCEDURES.

IF THE STATE HAS SOME CONCERN ABOUT MEDICAL MALFEASANCE, THE APPROPRIATE BOARDS CAN MONITOR AND ENFORCE THOSE.

WHAT THE STATE HAS DONE, IT'S TAKEN THE RADICAL STEP OF BANNING THE TREATMENT ENTIRELY. UNDER THE CONSTITUTIONAL STANDARDS, THAT'S NOT NARROWLY TAILORED.

SO, YOUR HONOR -- AND I WANT TO GO THROUGH THE FACTS BECAUSE YOU'VE HEARD FROM TESTIMONY -- YOU'VE HEARD TESTIMONY. YOU'VE HEARD FROM DR. SHUMER.

DR. SHUMER IS ONE OF THE LEADING PEDIATRIC

ENDOCRINOLOGISTS IN THE COUNTRY WHO HAS PERSONALLY TREATED OVER 400 ADOLESCENTS WITH GENDER DYSPHORIA. HE DOES IT ON A DAILY BASIS. HE HAS TESTIFIED THAT THE COMPREHENSIVE STANDARD OF CARE FOR TREATING GENDER DYSPHORIA IS BASED ON ROBUST RESEARCH, EXTENSIVE CLINICAL EXPERIENCE, AND THAT STANDARD OF CARE HAS THE SUPPORT OF EVERY MAJOR MEDICAL PROFESSIONAL -- PROFESSIONAL MEDICAL OR MENTAL HEALTH ASSOCIATION IN THE COUNTRY.

THAT'S NOT A REPORT FROM FINLAND THAT, BY THE WAY AS I HAVE ALREADY SAID, DOESN'T BAN TREATMENT. WE'VE HEARD SO MUCH ABOUT SWEDEN AND FINLAND AND ENGLAND. IN NONE OF THOSE COUNTRIES ARE THESE TREATMENTS BANNED, WHICH GOES DIRECTLY TO THE NARROWLY-TAILORED CLAIM.

YOU HEARD FROM DR. MASSEY. THESE ARE -- AND I HOPE I'M BEING RESPONSIVE TO YOUR QUESTION BECAUSE THESE ARE THE FACTS THAT YOUR HONOR HAS HEARD THAT ARE THE CRITICAL FACTS FOR THE CONSTITUTIONAL ANALYSIS.

DR. MASSEY -- SO WE HAVE SUMMARIZED SOME OF THE EVIDENCE FOR YOUR HONOR WHICH I -- WE WILL I HAVE A PAPER COPY.

CAN I APPROACH?

THE COURT: YES.

MR. BRADSHAW: DR. MASSEY TESTIFIED, YOUR HONOR -- WELL, FIRST OF ALL, A CLINICAL PSYCHOLOGIST HERE IN GEORGIA WHO PERSONALLY HAS TREATED FOR THE LAST TEN YEARS ADOLESCENTS

WITH GENDER DYSPHORIA HERE IN GEORGIA, HAS TESTIFIED THAT THE WPATH STANDARDS OF CARE REPRESENTS A GLOBAL MEDICAL CONSENSUS, HAVING BEEN DEVELOPED BY PROFESSIONALS FROM AROUND THE WORLD.

THIS NOTION THAT EVERY COUNTRY IS MOVING OFF IN THIS DIRECTION AND THE US IS SOMEHOW OFF ON A TANGENT IN THIS DIRECTION -- YOU HEARD DR. CANTOR OPINE ABOUT THAT -- IS SIMPLY FALSE. AND YOU'VE HEARD THE TESTIMONY WHICH EXPLICITLY REJECTS IT.

DR. MCNAMARA. YOU'VE HEARD FROM DR. MCNAMARA, A BOARD-CERTIFIED PEDIATRICIAN ADOLESCENT MEDICINE PHYSICIAN, WHO PERSONALLY TREATS ADOLESCENTS WITH GENDER DYSPHORIA.

DR. MCNAMARA TESTIFY THAT INTERNATIONAL AND NATIONAL MEDICAL CONSENSUS SUPPORTS THE TREATMENTS IN ACCORDANCE WITH EVIDENCE.

THE IMPORTANT FACTS, YOUR HONOR, WHEN YOUR HONOR IS CAREFULLY ASSESSING THE EVIDENCE THAT YOU'VE HEARD AND DETERMINING UNDER HEIGHTENED SCRUTINY AT A MINIMUM, WHETHER THE STATE HAS EXCEEDINGLY PERSUASIVELY DEMONSTRATED ITS INTEREST, THIS IS THE EVIDENCE THAT YOU SHOULD CONSIDER:

RISKS. THERE WAS A LOT OF DISCUSSION ABOUT RISKS OVER THE LAST TWO DAYS. THE RISKS ASSOCIATED WITH THESE TREATMENTS. YOUR HONOR, THE THRUST OF MANY OF THE STATE'S ARGUMENTS AND QUESTIONING OF OUR EXPERTS IS THAT THERE ARE RISKS ASSOCIATED WITH SENATE BILL 140 AND MEETS THE HORMONAL INTERVENTIONS AND TREATMENTS OF THE BILL. WE DON'T DISPUTE

THAT BASIC PREMISES.

THERE'S NO SUCH THING AS A RISK-FREE TREATMENT. EVERY MEDICAL INTERVENTION HAS SIDE EFFECTS OF SOME KIND AND CARRY SOME DEGREE OF RISK. BUT AS DR. SHUMER HAS TESTIFIED, SOMEONE WHO TREATS PATIENTS WITH GENDER DYSPHORIA, WHO ADVISES THEM ABOUT THEIR RISKS, THE RISKS ASSOCIATED WITH HORMONAL INTERVENTIONS ARE WELL-KNOWN AND THEY'RE MANAGEABLE.

DR. SHUMER TESTIFIED THAT THOSE RISKS CAN BE MANAGED WITH ACCURATE DOSING AND WITH MONITORING. AND, YOUR HONOR -- AND THIS IS WHAT THE STATE ENTIRELY IGNORES IN ITS DISCUSSION OF THE RISKS, AS WITH ANY MEDICAL INTERVENTION, THE RISKS OF PURSUING THE TREATMENT MUST BE MEASURED AGAINST THE RISKS OF WITHHOLDING IT.

AND WHAT ARE THE RISKS OF WITHHOLDING THESE TREATMENTS? ALL OF THE PLAINTIFFS' EXPERTS HAVE TESTIFIED ABOUT THE TREMENDOUS, WELL-DOCUMENTED BENEFITS OF HORMONE TREATMENT FOR ADOLESCENTS WITH GENDER DYSPHORIA AND HAVE TESTIFIED THAT WITHHOLDING THOSE TREATMENTS STRONGLY CORRELATED WITH SERIOUS ADVERSE OUTCOMES.

THESE TREATMENTS ALLOW ADOLESCENTS TO THRIVE AND TO FLOURISH AND WITHHOLDING THEM, CAST THEM BACK INTO SERIOUS DISTRESS. THAT'S WHAT THE TESTIMONY IS. THAT'S WHAT THE EVIDENCE IS.

FRANKLY, THE STATE'S ATTEMPT TO CHARACTERIZE THESE TREATMENTS AS EXPERIMENTAL IS DESPERATE AND IT FAILS BASED ON

THE WEIGHT OF THE EVIDENCE. THESE TREATMENTS HAVE BEEN USED FOR A LONG TIME FOR A VARIETY OF INDICATIONS. THERE'S NOTHING EXPERIMENTAL ABOUT THEM.

DR. SHUMER TESTIFIED DIRECTLY ABOUT THE QUOTE, UNQUOTE THE EXPERIMENTAL NATURE OF THESE TREATMENTS. THESE ARE OTHER FACTS THAT ARE IMPORTANT -- THAT YOUR HONOR NEEDS TO CONSIDER WHEN IT'S LOOKING AT WHETHER -- AND APPLYING THE EVIDENCE THAT YOU HAVE HEARD TO THE CONSTITUTIONAL STANDARDS.

WE TALKED A LITTLE BIT ABOUT INFORMED CONSENT. WELL, WHAT WAS THE TESTIMONY ABOUT INFORMED CONSENT? AND THE IDEA THAT, AGAIN, THAT SOMEHOW, UNSCRUPULOUS AND UNETHICAL PROVIDERS ARE PUSHING THESE TREATMENTS WITHOUT CONSENT ON TO MINORS AND DUPING THEIR PARENTS, THERE'S NO EVIDENCE TO SUPPORT THAT.

AND, IN FACT, DR. SHUMER, DR. MCNAMARA AND DR. MASSEY ALL TESTIFIED, YOU KNOW WHAT, THEY'RE THE ONES WHO PROVIDE THE TREATMENT. THEY HAVE ALL TESTIFIED ABOUT THE COMPREHENSIVE, EXTENSIVE INFORMED CONSENT PROCESS THAT THE STANDARDS OF CARE MANDATE, AND THAT THEY FOLLOW IN THEIR PRACTICE.

UNDER THE STANDARDS OF CARE, NO PATIENT IS RUSHED INTO MEDICAL TREATMENT. THE WPATH STANDARDS OF CARE 8 REQUIRE THAT THERE'S A THERE IS A MULTIDISCIPLINARY APPROACH AND THAT THE DECISION WHETHER OR NOT TO PURSUE THESE TREATMENTS TAKES PLACE WITH PARENTS, WITH PSYCHIATRISTS, WITH PEDIATRICIANS, WITH ENDOCRINOLOGISTS, ALL OF THE RELEVANT DISCIPLINES.

AND, YOUR HONOR, EVEN IF THERE IS -- WE CONTEST THAT THERE IS ANY EVIDENCE. EVEN IF THERE IS, THE ANSWER IS NOT TO BAN THESE TREATMENTS IN THEIR ENTIRETY. AGAIN, THERE ARE LESS-RESTRICTIVE MEANS THAT COURTS COULD USE -- NOT THE COURTS, EXCUSE ME -- THAT THE STATE COULD USE.

OTHER FACTORS THAT YOU -- AND FACTS. I'M GOING TO GET TO SOME OF YOUR OTHER QUESTIONS.

I WANT TO TALK ABOUT FDA APPROVAL, BECAUSE IT'S AN IMPORTANT ISSUE. THERE'S BEEN THE INSINUATION THAT JUST BECAUSE THE USE OF TESTOSTERONE AND ESTROGEN TO TREAT GENDER DYSPHORIA IS OFF LABEL, THAT IT SOMEHOW RENDERS THEM LESS EFFECTIVE AND LESS SAFE.

BUT YOU HEARD FROM DR. SHUMER WHO TESTIFIED ABOUT THIS. THE USE OF TESTOSTERONE AND ESTROGEN OFF LABEL TO TREAT GENDER DYSPHORIA IS WIDELY ACCEPTED WITHIN THE FIELD OF ENDOCRINOLOGY.

DR. HRUZ SAT IN THAT CHAIR AND SAID THE SAME THING. HE SAID IT IS COMMON IN THE AREA OF PEDIATRICS TO PRESCRIBE MEDICATIONS OFF LABEL. AND, YOUR HONOR, COURTS HAVE RECOGNIZED THIS.

NOW, AGAIN, I'M HAPPY TO ANSWER ANY QUESTIONS ABOUT THE EQUAL-PROTECTION ANALYSIS. WE STRONGLY, STRONGLY BELIEVE, YOUR HONOR, THAT HEIGHTENED SCRUTINY IS APPLICABLE HERE BECAUSE SB 140 DISCRIMINATES ON THE BASIS OF SEX.

AND I KNOW WHAT THE ARGUMENT IS BUT, YOUR HONOR, THE

REASON THAT S.B. 140 DISCRIMINATES ON THE BASIS OF SEX IS BECAUSE A MEDICAL PROCEDURE THAT IS PERMITTED FOR ONE MINOR. A MINOR OF ONE SEX, IS PROHIBITED FOR A MINOR OF ANOTHER SEX.

THE COURT: CAN YOU ADDRESS THE LANGUAGE, I THINK I RECALL THAT DEFENDANTS CITED FROM DOBBS --

MR. BRADSHAW: SURE.

THE COURT: -- IN THEIR BRIEFING AND THE PARTICULAR LANGUAGE?

MR. BRADSHAW: I'D BE HAPPY TO.

THE COURT: SO THIS LANGUAGE IN PARTICULAR, AND I'M READING FROM DOBBS AND THIS PARTICULAR QUOTE CITES THE SUPREME COURT CASE FROM 1974. SO THE LANGUAGE IS THE REGULATION OF A MEDICAL PROCEDURE THAT ONLY ONE SEX CAN UNDERGO DOES NOT TRIGGER HEIGHTENED CONSTITUTIONAL SCRUTINY, UNLESS THE REGULATIONS IS A MERE PRETEXT DESIGNED TO EFFECT DISCRIMINATION AGAINST MEMBERS OF ONE SEX OR THE OTHER.

SO WHAT WOULD YOU HAVE ME DO WITH THAT LANGUAGE?

MR. BRADSHAW: IT'S NOT APPLICABLE. YOU SHOULD DISREGARD IT. DOBBS DOESN'T HELP THE DEFENDANTS HERE. WHAT DOBBS SAID IS THAT THE STATE REGULATING ABORTION DOES NOT CONSTITUTE SEX-BASED DISCRIMINATION UNDER THE EQUAL-PROTECTION CLAUSE.

BY THE WAY THERE WAS LIKE A PARAGRAPH AND A HALF BECAUSE THE CASE IS NOT AN EQUAL-PROTECTION SEX-DISCRIMINATION CASE. THE REASON THAT IT'S NOT SEX-BASED DISCRIMINATION IS

BECAUSE ONLY ONE SEX CAN UNDERGO THE PROCEDURE.

UNDER S.B. 140, BOTH SEXES CAN UNDERGO THE PROCEDURE. THE PROCEDURE IS APPLICABLE TO MALES. IT'S APPLICABLE TO FEMALES. AND WHETHER OR NOT THE TREATMENT IS PERMISSIBLE, DEPENDS ON WHETHER THE NATAL SEX OF THE PATIENT IS MALE OR WHETHER THE NATAL SEX IS FEMALE. DOBBS JUST DOES NOT HELP THEN.

DOBBS WAS NOT A SEX-BASED DISCRIMINATION CASE. AND AS YOUR HONOR WELL KNOWS, IT WAS A SUBSTANTIVE DUE-PROCESS CLAIM THAT BY ITS VERY TERMS, WAS LIMITED TO THE CONTEXT OF THE ABORTION. IT DOES NOT HELP THE STATE AND IT DOES NOT APPLY HERE.

THE SECOND -- AND I WANT TO GET TO THIS -- AND FEEL FREE TO INTERRUPT ME AT ANY POINT.

THE COURT: LET ME SAY THIS: I UNDERSTAND THAT YOU HAVE BOTH AGREED TO TIME LIMITS HERE AND THOSE HAVE BEEN EXTREMELY HELPFUL TO ALL OF US, TO ME IN PARTICULAR THROUGHOUT THE COURSE OF THIS PROCEEDING. THIS PART IS CRITICAL FOR MY PROCESS, SO I'M GOING TO MAKE SURE THAT YOU EACH GET AN EQUAL AMOUNT OF TIME, BUT I'M GOING TO FEEL FREE TO GO OVER 30 MINUTES IF I FEEL LIKE I NEED TO WITH EITHER SIDE. I'LL LET YOU KNOW.

MR. BRADSHAW: OF COURSE IT'S FINE. I DON'T KNOW HOW MUCH TIME I HAVE.

THE COURT: GO AHEAD.

MR. BRADSHAW: I DO WANT TO TALK ABOUT TRANSGENDER STATUS BECAUSE IT'S AN INDEPENDENT BASIS FOR APPLYING HEIGHTENED SCRUTINY TO EQUAL PROTECTION CLAIM.

BRUMBY, YOUR HONOR FROM THE ELEVENTH CIRCUIT IS CONTROLLING ON THIS QUESTION. THE QUESTION IN BRUMBY WAS WHETHER OR NOT DISCRIMINATION AGAINST AN INDIVIDUAL BASED ON HIS OR HER GENDER NONCONFORMITY WAS A VIOLATION OF THE EQUAL PROTECTION CLAUSE AND WAS SEX-BASED DISCRIMINATION.

UNEQUIVOCALLY, THE BRUMBY COURT SAID, YES, IT IS. BRUMBY -- THE ONLY ARGUMENT THAT THE STATE HAS WITH RESPECT TO TRANSGENDER STATUS IS THAT SOMEHOW -- FIRST OF ALL, IT'S LINGUISTIC GYMNASTICS THAT THE STATE WANTS TO ENGAGE IN. AND IT'S TO SAY THAT SB 140 DOESN'T CREATE A CLASSIFICATION BASED ON -- OR DOESN'T DISCRIMINATE BASED ON GENDER NONCONFORMITY. THAT'S JUST INCONSISTENT WITH THE LANGUAGE OF THE STATUTE ITSELF.

GENDER -- THIS S.B. 140 TARGETS GENDER DYSPHORIA, PROHIBITS TREATMENTS FOR THE TREATMENT OF GENDER DYSPHORIA. INHERENT IN THE DEFINITION OF GENDER DYSPHORIA IS AN INDIVIDUAL'S IDENTITY AS TRANSGENDER. IN OTHER WORDS, THERE'S AN INCONGRUENCE BETWEEN AN INDIVIDUAL'S GENDER IDENTITY AND THEIR NATAL SEX. THAT'S THE DEFINITION OF GENDER NONCONFORMITY.

WE WOULD SUBMIT TO YOUR HONOR THIS ONE IS AN EASY ONE. THIS STATUTE DISCRIMINATES ON THE BASIS OF TRANSGENDER

STATUS, WHICH COURTS INCLUDING BRUMBY, HAVE FOUND UNEQUIVOCALLY IS A SEX-BASED DISCRIMINATE -- SEX-BASED CLASSIFICATION.

ON QUASI-SUSPECT CLASS, THE THIRD INDEPENDENT BASIS FOR APPLYING HEIGHTENED SCRUTINY, THE STATE'S PRIMARY ARGUMENT SEEMS TO BE IT'S A REALLY HIGH BAR FOR THE CREATION OF A QUASI-SUSPECT CLASS, AND THAT NEITHER THE SUPREME COURT NOR THE ELEVENTH CIRCUIT HAS EXPLICITLY RECOGNIZED THAT TRANSGENDER INDIVIDUALS CONSTITUTE QUASI-SUSPECT CLASS. THAT'S TRUE. IT IS A HIGH BAR. THE SUPREME COURT HASN'T SPECIFICALLY RULED ON IT BUT IT'S NOT AN INSURMOUNTABLE BAR. IT'S NOT IMPOSSIBLE. IT'S A HIGH BAR.

TRANSGENDER INDIVIDUALS HAVE SUFFERED A LONG HISTORY OF PREJUDICE AND DISCRIMINATION. THAT IS WHY SEVERAL COURTS, INCLUDING THE FOURTH CIRCUIT IN THE GRIMM CASE -- AND WE WOULD REFER YOUR HONOR TO THE GRIMM CASE IN THE FOURTH CIRCUIT WHERE THE FOURTH CIRCUIT SPECIFICALLY HELD THAT TRANSGENDER INDIVIDUALS CONSTITUTE A QUASI-SUSPECT CLASS. THAT CASE IS VERY INSTRUCTIVE BECAUSE IT LISTS ALL OF THE DISTRICT COURTS THAT HAVE FOUND THE SAME THING.

BRANDT VERSUS RUTLEDGE.

THE EIGHTH CIRCUIT BY THE WAY, THE CORE HOLDING OF BRANDT VERSUS RUTLEDGE WAS A STATUTE VERY SIMILAR TO THIS ONE, SEX-BASED DISCRIMINATION AND, THEREFORE, SUBJECT TO HEIGHTENED SCRUTINY. BUT IN A FOOTNOTE IN BRANT V RUTLEDGE, THE EIGHTH

CIRCUIT CONCLUDES OR CONFIRMS THAT THE DISTRICT COURT APPROPRIATELY IN BRANT VERSUS RUTLEDGE CONCLUDED THAT TRANSGENDER INDIVIDUALS CONSTITUTE A QUASI-SUSPECT CLASS.

IN THE ELEVENTH CIRCUIT -- I KNOW IT'S IN THE DISSENT BY JUDGE JORDAN IN THE ADAMS CASE -- WHAT DID JUDGE JORDAN SAY? HE SAID QUOTE, LIKE THE FOURTH CIRCUIT IN GRIMM, I HAVE NO TROUBLE CONCLUDING THAT TRANSGENDER INDIVIDUALS CONSTITUTE A QUASI-SUSPECT CLASS. ALL RIGHT.

UNLESS YOUR HONOR HAS ANY QUESTIONS, I'M NOT SURE WHAT I'M -- I'LL GO FOR ANOTHER TEN MINUTES, IF THAT'S OKAY.

THE COURT: I DID WANT YOU -- THAT'S FINE WITH ME BUT I WANTED TO ASK SOME QUESTIONS ABOUT STANDING.

MR. BRADSHAW: AND I WANT TO ADDRESS SOME OF YOUR OTHER QUESTIONS.

THE COURT: OKAY. LET ME JUST -- ALL RIGHT. ON THE QUESTION OF IMMINENT HARM, SO I UNDERSTAND THAT IT'S THE PLAINTIFFS' POSITION AS ARTICULATED IN THEIR REPLY BRIEF, THAT AND -- IN THE DECLARATIONS THAT SOME OF THE PLAINTIFFS WILL BEGIN OR INTEND TO BEGIN HORMONE THERAPY IN THE NEAR FUTURE. AND THIS IS RELEVANT TO YOUR ARGUMENT BECAUSE YOU'RE SAYING THE HARMS ARE NOT REMOTE AND SPECULATIVE. AND, IN FACT, YOUR CLIENTS SAY THAT THEY ARE EXPERIENCING THESE HARMS RIGHT NOW.

AND SO HELP ME UNDERSTAND WHAT ARE THE HARMS THAT THESE PLAINTIFFS IN PARTICULAR ARE EXPERIENCING RIGHT NOW AND WHAT IS THE RECORD EVIDENCE OF THOSE PARTICULAR HARMS?

MR. BRADSHAW: THE HARMS THAT THEY ARE EXPERIENCING RIGHT NOW ARE THE DISTRESS ASSOCIATED FROM BEING IN LIMBO. TWO OF THE MINOR PLAINTIFFS WHO HAVE BEEN RECEIVING PUBERTY BLOCKERS -- LET ME TAKE A STEP BACK FOR A SECOND. ALL OF THE MINOR PLAINTIFFS HERE HAVE BEEN DIAGNOSED WITH GENDER DYSPHORIA. ALL OF THEM HAVE BEEN RECEIVING SOME FORM OF GENDER-AFFIRMING CARE FOR SEVERAL YEARS. NOW, TWO HAVE BEEN RECEIVING PUBERTY BLOCKERS. THEY ARE -- THEY HAVE DECIDED WITH THEIR MEDICAL PROVIDERS AND WITH THEIR PARENTS TO START HORMONE THERAPY. THE HARM THAT THEY ARE EXPERIENCING RIGHT NOW, THEY ARE LIVING IN A STATE OF LIMBO.

BUT, YOUR HONOR, THE HARM -- I WANT TO GET BACK TO THE LAW A LITTLE BIT BECAUSE THE HARM UNDER THE LAW FOR IMMANENCE FOR PRELIMINARY INJUNCTION DOESN'T REQUIRE THAT THE HARM ALREADY OCCUR. IN OTHER WORDS, THERE DOESN'T HAVE TO BE A CONSUMMATION OF THE INJURY. THAT'S THE WHOLE POINT OF A PRELIMINARY INJUNCTION, TO TRY TO STOP THE INJURY BEFORE IT ACTUALLY HAPPENS.

SO ONE POINT, NO. 1, YOU DON'T HAVE TO HAVE INJURY CONSUMMATED. IT JUST HAS TO BE IMMINENT AS TO NOT SPECULATIVE. OKAY. WE'VE MET THAT STANDARD HERE. OKAY.

THE ELEVENTH CIRCUIT HAS SAID THAT -- AND IN THE FLORIDA STATE CASE WHICH WE CITE IN OUR BRIEF, THAT IN THE ELEVENTH CIRCUIT THE CONCEPT OF IMMANENCE IS ELASTIC. THE STATE WANTS TO ARGUE THAT BECAUSE THE NAMED PLAINTIFFS HERE

THE MINOR PLAINTIFFS CAN'T SPECIFICALLY STATE A DATE WHEN THEY WOULD START THAT, THAT SOMEHOW RENDERS THEM -- THAT THEY HAVEN'T SATISFIED THE IRREPARABLE HARM REQUIREMENT. THAT'S JUST NOT THE LAW. THE ELEVENTH CIRCUIT HAS SAID IT'S AN ELASTIC CONCEPT. IT CAN'T BE REDUCED DOWN TO A SPECIFIC DATE, A SPECIFIC WEEK OR EVEN SPECIFIC MONTH.

SEVERAL OF THE MINOR PLAINTIFFS ARE ON THE VERGE OF PUBERTY. THEY'RE RECEIVING GENDER-AFFIRMING CARE, PSYCHOSOCIAL CARE, AND THE MINUTE THAT THEY HIT PUBERTY, WHICH NOBODY -- THAT COULD HAPPEN TOMORROW, NOBODY KNOWS, BUT THE MINUTE THAT HAPPENS, WHAT WOULD BE THE NEXT STEP? THE NEXT STEP WOULD BE FOR THEM TO START PUBERTY BLOCKERS, FOLLOWED BY HORMONAL INTERVENTIONS. THAT'S THE COURSE OF TREATMENT. THAT TREATMENT IS UNAVAILABLE TO THEM BECAUSE OF THIS AND THEY WILL SUFFER IMMINENT INJURY AS A RESULT.

PARENTS ARE SUFFERING INJURY NOW BECAUSE THEY'RE CONSIDERING WHETHER THEY HAVE TO GO OUT OF STATE TO GET TREATMENT FOR THEIR KIDS. WHETHER THEY HAVE TO MOVE, MAYBE UP TO MICHIGAN WHERE DR. SHUMER PRACTICES, BECAUSE THEY CAN'T GET THE TREATMENTS THAT THEIR KIDS NEED TO THRIVE AND FLOURISH HERE IN GEORGIA. THOSE ARE IMMINENT HARMS.

NOW, ONE OF YOUR HONOR'S QUESTIONS WAS ABOUT SUBSTANTIVE DUE PROCESS AND ANY BINDING PRECEDENT FROM THE ELEVENTH CIRCUIT APPLYING THE TROXEL CASE. WE WOULD SUBMIT, YOUR HONOR, AND, OF COURSE, AS YOUR HONOR KNOWS, THE RIGHT

THAT IS BEING INFRINGED HERE IS THE FUNDAMENTAL RIGHT OF PARENTS TO CARE FOR THEIR CHILDREN. THAT IS A RIGHT OF WHICH THERE IS A CENTURY PRECEDENT.

THE STATE WANTS TO MAKE THIS ALL ABOUT A NEW SUBSTANTIVE DUE PROCESS RIGHT. WE'RE NOT TALKING ABOUT A NEW SUBSTANTIVE DUE PROCESS RIGHT. THE STATE WANTS TO RECAST THE RIGHT OF A PARENT TO DIRECT THE MEDICAL CARE OF THEIR CHILDREN. THAT IT SOMEHOW IS A RIGHT TO DEMAND A SPECIFIC MEDICAL PROCEDURE, AND IN THIS CASE HORMONAL INTERVENTION, AND BECAUSE HORMONAL INTERVENTIONS AREN'T DEEPLY ROOTED IN THE COUNTRY'S HISTORY, THAT, THEREFORE, WE'RE OUT OF LUCK.

THEY'RE BUILDING UP A STRAW MAN JUST TO KNOCK IT DOWN. THE RIGHT IS NOT A RIGHT, A SPECIFIC RIGHT OF HORMONAL THERAPY AND THE BENDIBURG DECISION -- I'M GETTING TO YOUR HONOR'S QUESTION -- IT WAS A LONG INTRO.

THE COURT: OKAY.

MR. BRADSHAW: THE BENDIBURG DECISION IS CONTROLLING. THE BENDIBURG DECISION DOESN'T CITE TROXEL BUT THE TROXEL ANALYSIS IS THE ANALYSIS THAT IT FOLLOWS. AND WHAT DOES IT SAY? WHAT DID BENDIBURG SAY ABOUT THIS ARGUMENT ABOUT NARROWLY DRAWING THE PARENTAL RIGHT TO A RIGHT TO DEMAND A SPECIFIC MEDICAL TREATMENT? IT REJECTS IT.

WHAT DOES IT SAY? QUOTE. THIS IS FROM BENDIBURG, THE ELEVENTH CIRCUIT, THE STATE CANNOT WILLFULLY DISREGARD THE RIGHT OF THE PARENTS TO GENERALLY MAKES DECISION CONCERNING

THE MEDICAL TREATMENT TO BE GIVEN THEIR CHILDREN. THE BENDIBURG COURT DIDN'T SAY DRAW TO A SPECIFIC RIGHT FOR A SPECIFIC TREATMENT. WE'RE TALKING ABOUT A RIGHT GENERALLY, AND THAT MATTERS.

THE COURT: DOESN'T IT ALSO MATTER, THOUGH, THAT -- WASN'T THE ULTIMATE DETERMINATION IN THAT CASE THAT THERE WAS NOT A SUBSTANTIVE DUE PROCESS RIGHT FOR THAT PARENT IN THAT CASE; ISN'T THAT CORRECT?

MR. BRADSHAW: THAT'S RIGHT. BUT THE ANALYSIS THAT YOUR HONOR SHOULD BE APPLYING IS THE ANALYSIS WHICH FOLLOWS WHICH IS THERE'S NOT A SPECIFIC -- THE COURT DIDN'T IN ITS ACKNOWLEDGMENT OF THE SUBSTANTIVE DUE PROCESS RIGHT, IT DID NOT DRAW IT SO NARROWLY AS FOR A SPECIFIC TREATMENT. WE BELIEVE THAT BENDIBURG IS APPLICABLE HERE AND IT IS CONTROLLING.

THE STATE ALSO MAKES THE ARGUMENT THAT SOMEHOW THE PARENTAL RIGHTS -- THIS IS THEIR ARGUMENT WHAT WE ARE REALLY TALKING ABOUT NEW AND SUBSTANTIVE DUE PROCESS -- THAT SOMEHOW, THE RIGHT TO DIRECT MEDICAL CARE OF CHILDREN IS DEPENDENT ON A SUBSTANTIVE DUE-PROCESS RIGHT OF THE PARENT OR THE CHILD, THAT THERE IS SOMEHOW AN UNDERLYING SUBSTANTIVE DUE-PROCESS RIGHT, SO THE PARENTAL RIGHT CAN'T GO BEYOND THE UNDERLYING SUBSTANTIVE DUE PROCESS. WE THINK THAT'S WRONG AS A MATTER OF LAW AND AS A MATTER OF FACT.

AND FOR THESE REASONS BECAUSE THE SUPREME COURT'S

PRECEDENT ESTABLISHES THAT PARENTAL RIGHTS STAND ON THEIR OWN, THEY'RE NOT DEPENDENT ON AN UNDERLYING -- AND THE EXAMPLE THAT WE GIVE IN OUR BRIEFING IS THAT, FOR EXAMPLE, THE SUPREME COURT HAS HELD THAT PARENTS HAVE A RIGHT TO DECIDE WHETHER THEIR CHILD ATTENDS A PUBLIC OR PRIVATE SCHOOL, EVEN THOUGH CHILDREN DO NOT HAVE A CONSTITUTIONAL RIGHT TO PUBLIC EDUCATION.

AND ANOTHER REASON THIS ARGUMENT IS MISGUIDED, YOUR HONOR, IS BECAUSE PARENTS CAN ACCESS -- ADULTS CAN ACCESS HORMONE THERAPIES. THEY'RE NOT BANNED. THEY ARE NOT BARRED. WHAT'S BARRED AND WHAT BEING USURPED HERE IS THE RIGHT OF PARENTS TO MAKE A DECISION TO PURSUE THOSE TREATMENTS FOR THEIR CHILDREN.

ADULTS CAN -- PARENTS CAN, YOU KNOW, ADULTS CAN WALK IN, GET DIAGNOSED, AND GET THESE TREATMENTS. YOUR HONOR, I'M GOING TO TRY TO WRAP UP.

I WANT TO ADDRESS YOUR QUESTIONS THOUGH. FACIAL CHALLENGE. WE ARE SEEKING A FACIAL CHALLENGE. AND THAT GOES TO THE SCOPE OF THE INJUNCTION. WE ARE SEEKING A FACIAL STATEWIDE INJUNCTION AND IT'S APPROPRIATE IN THIS CASE FOR THE FOLLOWING REASONS:

FIRST, THIS IS A FACIAL CHALLENGE TO THE CONSTITUTIONALITY OF THE STATUTE. FACIAL INJUNCTIONS ARE APPROPRIATE WHEN THE CHALLENGE IS THE FUNDAMENTAL CONSTITUTIONALITY OF THE STATUTE. IF THIS STATUTE IS

UNCONSTITUTIONAL AS TO THESE PLAINTIFFS, IT'S UNCONSTITUTIONAL AS TO EVERYONE. THAT'S WHAT A FACIAL CHALLENGE DOES. IF THIS WERE BASED ON SOME OTHER NON-CONSTITUTIONAL CHALLENGE, IT MIGHT BE A DIFFERENT QUESTION. BUT WE BELIEVE THAT IT IS APPROPRIATE BECAUSE THE CONSTITUTIONALITY OF THE STATUTE STATES THAT IT'S A FACIAL INJUNCTION. SO THAT'S THE FIRST REASON.

THE SECOND REASON IS THAT A STATEWIDE INJUNCTION IS NECESSARY TO AFFORD THE PLAINTIFFS COMPLETE RELIEF.

TWO POINTS I WANT TO MAKE HERE, YOUR HONOR.

THE FIRST IS THAT FOR THE INDIVIDUAL PLAINTIFFS THEIR CARE DEPENDS ON THE MULTIPLE PROVIDERS: DOCTORS, INSTITUTIONS, HOSPITALS, MEDICAL LABS, PHARMACIES. IT WOULD BE INEFFECTUAL TO TRY TO LIMIT AN INJUNCTION NARROWLY JUST TO THESE POINTS. I DON'T EVEN KNOW HOW YOU WOULD DO IT. WHEREAS I MEAN, WHEN THEY GO TO PICK UP THEIR PRESCRIPTION AT A PHARMACY, BECAUSE -- WHICH PHARMACY? HOW ARE THE PHARMACIES SUPPOSED TO GET THE MEDICATION, IF THERE'S NOT A BROAD INJUNCTION? AS A MATTER OF -- IT'S IMPRACTICAL. SO IN ORDER TO PROVIDE COMPLETE RELIEF TO THE INDIVIDUAL PLAINTIFFS, A STATEWIDE INJUNCTION IS NECESSARY.

SECONDLY, AND THIS IS A CRITICAL POINT, TRANSPARENT. THERE'S AN ORGANIZATION THAT IS A PLAINTIFF IN THIS CASE. TRANSPARENT IS AN EDUCATIONAL AND SUPPORT ADVOCACY ORGANIZATION FOR PARENTS OF TRANSGENDER YOUTH. TRANSPARENT

HAS MEMBERS ACROSS THE STATE. TRANSPARENT, AS A PLAINTIFF, CAN'T GET COMPLETE RELIEF UNLESS THERE'S A STATEWIDE INJUNCTION. NONE OF THE CASES THAT HAVE DRAWN -- AND THERE ARE SOME IN THIS AREA THAT HAVE ONLY APPLIED A MORE NARROW INJUNCTION -- NONE OF THEM HAD AN ORGANIZATIONAL PLAINTIFF THAT WAS A PLAINTIFF IN THE CASE. THAT IS A MEANINGFUL, MEANINGFUL DISTINCTION.

AND REALLY QUICKLY, YOUR HONOR, THE IDEA THAT SOMEHOW CLASS ACTION IS NECESSARY BECAUSE THE STATE ARGUES THAT ONLY -- YOU HAVE TO HAVE A CLASS ACTION IN ORDER TO ACHIEVE STATEWIDE RELIEF. THAT'S JUST NOT THE CASE. IT'S NOT THE CASE, WHEN WE ARE DEALING WITH AN UNCONSTITUTIONAL STATUTE.

AND WE WOULD REFER YOUR HONOR TO -- I WANT TO GIVE YOUR HONOR A COUPLE CASES FROM THE ELEVENTH CIRCUIT. WE DIDN'T HAVE AN OPPORTUNITY TO BRIEF THIS, YOUR HONOR.

THE FIRST CASE IS -- AND THESE ARE CASES IN WHICH THE ELEVENTH CIRCUIT IN NON-CLASS CASES ISSUED STATEWIDE INJUNCTIONS. STATE DETECTIVE AGENCY V. MILLER, WHICH IS 115 F.3D 904, ELEVENTH CIRCUIT 1997. AND PEOPLE FIRST OF ALABAMA V. SECRETARY OF STATE FOR ALABAMA, WHICH IS 815, F APPENDIX, 505, ELEVENTH CIRCUIT 2020.

AND THE CASE THAT THE STATE CITES FOR THE ARGUMENT THAT -- SUPPORT FOR THE ARGUMENT THAT THERE HAS TO BE A CLASS ACTIONS, IT'S JUST NOT APPLICABLE. IT WAS INVOLVING THE

FEDERAL STATUTE INVOLVING COVID. IT SOUGHT A NATIONAL INJUNCTION BASED ON A FEDERAL LAW. IT'S JUST NOT APPLICABLE.

FINALLY, YOUR HONOR, YOUR QUESTION ABOUT REDRESSABILITY AND STANDING. SO THE STATE SOMEHOW ARGUES THAT WE HAVEN'T NAMED ALL OF THE APPROPRIATE DEFENDANTS, SO THERE CAN'T BE EXPLICIT OR COMPLETE REDRESS. THAT'S JUST NOT THE CASE.

IT'S NOT CONSISTENT WITH THE LAW FOR THE FOLLOWING REASONS: THE DEPARTMENT OF COMMUNITY HEALTH IS TASKED WITH ENFORCING THE -- WELL, THERE ARE TWO PROVISIONS IN THE STATUTE. ONE IS DIRECTED AT HOSPITALS AND INSTITUTIONS. AND ONE THAT IS DIRECTED AS MEDICAL PROVIDERS.

IT IS THE FIRST SECTION THAT THE DEPARTMENT OF COMMUNITY HEALTH IS THE ENTITY WITH ENFORCEMENT AUTHORITY.

IN THE SECOND, IT IS THE MEDICAL BOARD. SO THERE IS A LITTLE BIT -- THERE ARE TWO DIFFERENT STATUTES ADDRESSED TO TWO DIFFERENT POTENTIAL ENTITIES AND ENFORCEMENT IS DIFFERENT FROM THE TWO.

IT'S THE FIRST CATEGORY FOR WHICH THE STATE ARGUES THAT THERE IS A -- BROADLY A GENERIC STATUTE THAT SAYS A VIOLATION OF TITLE 31 CAN BE A MISDEMEANOR. THE STATUTE SPECIFICALLY GIVES THE DEPARTMENT OF COMMUNITY HEALTH THE AUTHORITY TO ESTABLISH SANCTIONS BY RULE AND REGULATION FOR VIOLATIONS OF THE CODE. IT'S THE DEPARTMENT OF COMMUNITY HEALTH. SO IT'S -- THE IDEA WHETHER OR NOT THERE IS A

VIOLATION IS GOING TO BE DETERMINED NOT BY SOME PROSECUTOR SOMEWHERE. IT'S GOING TO BE DETERMINED BY THE DEPARTMENT OF COMMUNITY HEALTH. SO AN INJUNCTION ON THE DEPARTMENT OF COMMUNITY HEALTH PROVIDES COMPLETE REDRESSABILITY.

NEXT, AND WE CITED IN OUR BRIEF UNDER RULE 65 D, AN INJUNCTION IS FULLY BINDING ON THE DEFENDANTS AND WE CITE THE AMERICAN BOOKSELLERS'S CASE. IT'S IN OUR BRIEF IN OUR REPLY BRIEF ON PAGE 15, THEIR OFFICERS, AGENTS, SERVANTS, EMPLOYEES, ATTORNEYS, AND UPON THOSE IN ACTIVE CONCERT OR PARTICIPATION WITH THEM WHO RECEIVE ACTUAL NOTICE OF THE ORDER BY PERSONNEL OR OTHERWISE, AND THAT ENCOMPASSES OTHER STATE OFFICIALS WITH ENFORCEMENT AUTHORITY.

LONG WAY OF SAYING THE STATE ATTORNEY GENERAL, THE ATTORNEY GENERAL OF THE STATE OF GEORGIA HAS SIGNED THE BRIEFS. HAS MADE AN APPEARANCE BY SIGNING THE BRIEFS IN THIS CASE. THEY ARE ON NOTICE AND UNDER THE AUTHORITY OF THE AMERICAN BOOKSELLERS, THEY'RE APPROPRIATELY -- THEY WILL BE APPROPRIATELY ENJOINED BECAUSE THEY ARE ACTING IN ACTIVE CONCERT OR PARTICIPATION WITH THE DEPARTMENT OF COMMUNITY HEALTH. SO THAT'S WHY THERE'S FULL REDRESSABILITY. LOOK, YOUR HONOR, THE STATE DIDN'T EVEN ADDRESS THIS ISSUE IN ITS SUR-REPLY. WE DON'T THINK IT'S AN ISSUE AT ALL.

YOUR HONOR, BEFORE I SIT DOWN -- I WILL SIT DOWN, I PROMISE, TRANSGENDER INDIVIDUALS HAVE SUFFERED A LONG HISTORY OF PREJUDICE AND DISCRIMINATION. THIS LAW DENIES THEM

LIFE-AFFIRMING CARE THAT THEY NEED TO THRIVE. IT IMPOSES IMMEASURABLE HARM ON FAMILIES WORKING TO GET NECESSARY CARE FOR THEIR KIDS.

WE'VE SATISFIED EACH OF THE REQUIREMENTS FOR PRELIMINARY INJUNCTION AND WE WOULD REQUEST THAT THE COURT GRANT THAT INJUNCTION UNTIL THE TIME THERE WOULD BE A TRIAL ON THE MERITS.

THE COURT: THANK YOU, MR. BRADSHAW.

MR. HARRIS: MAY IT PLEASE THE COURT. JEFFREY HARRIS FOR THE DEFENDANTS.

THE COURT: GOOD AFTERNOON.

MR. HARRIS: THERE ARE SOME THINGS IN GEORGIA CHILDREN JUST CAN'T DO, EVEN IF THEIR PARENTS APPROVE.

IN GEORGIA, A MINOR UNDER THE AGE OF 18 WHO'S NOT EMANCIPATED CANNOT LAWFULLY GET MARRIED, EVEN WITH PARENTAL APPROVAL. WHY? BECAUSE GEORGIA, LIKE COUNTLESS OTHER STATES, HAS DECIDED THAT CHILDREN BELOW 18 SIMILARLY DON'T HAVE THE CAPACITY OR JUDGMENT TO MAKE SUCH A CONSEQUENTIAL LIFE DECISION.

YET, THE PLAINTIFFS HERE INSIST THERE IS A CONSTITUTIONAL RIGHT FOR THOSE SAME CHILDREN TO MAKE MOMENTOUS DECISIONS ABOUT LIFE-CHANGING MEDICAL INTERVENTIONS THAT COULD LEAD TO IRREVERSIBLE IMPACTS ON THEIR LIVES, BODIES, HEALTH, AND FERTILITY.

JUST IN THE LAST FEW WEEKS, THE SIXTH CIRCUIT HAS

ALLOWED TENNESSEE AND KENTUCKY'S BROADLY SIMILAR LAWS TO GO INTO FORCE, DESCRIBING THIS AS AN AREA OF UNFOLDING MEDICAL AND POLICY DEBATE AND THAT THE COURT WASN'T GOING TO SHORT CIRCUIT STATE LAWS DESIGNED TO ADDRESS THESE ISSUES.

THOSE LAWS THAT ARE NOW ENFORCED ARE EVEN BROADER IN GEORGIA AS THEY'VE ALSO BANNED PUBERTY BLOCKERS AND THEY HAVE NARROWED NONEXISTING CONTINUING CARE EXCEPTIONS.

GEORGIA WAS WELL WITHIN ITS POWER TO PROHIBIT THESE INTERVENTIONS UNTIL CHILDREN REACH AGE 18. SO I'D LIKE TO START THE LEGAL CLAIMS, IF THAT'S OKAY WITH THE COURT.

THERE IS NO SUBSTANTIVE DUE PROCESS RIGHT TO PROVIDE CHILDREN OFF-LABEL MEDICATIONS FOR PURPOSES OF GENDER TRANSITION. THE SUPREME COURT IS CRYSTAL CLEAR THAT THE RIGHT MUST BE DEFINED WITH SPECIFICITY. SO IT'S NOT ENOUGH TO JUST POINT TO A RIGHT TO DIRECT THE UPBRINGING OF CHILDREN. IT MUST BE DEEPLY ROOTED IN HISTORY AND TRADITION.

NEITHER THE SUPREME COURT NOR THE ELEVENTH CIRCUIT HAS EVER FOUND A SUBSTANTIVE DUE PROCESS RIGHT TO DEMAND A PARTICULAR MEDICAL INTERVENTION. THERE'S NO RIGHT TO ASSISTED SUICIDE. THERE IS NO RIGHT TO MEDICAL MARIJUANA. THERE IS NO RIGHT TO ACCESS EXPERIMENTAL DRUGS, EVEN FOR THE TERMINALLY ILL. THERE IS NO RIGHT TO ACCESS IN VITRO FERTILIZATION.

I'D REFER THE COURT TO THE MORRISSEY ELEVENTH CIRCUIT CASE WHICH FOUND NO RIGHT TO IVF. AND I'D REFER THE COURT TO THE ABIGAIL ALLIANCE EN BANC D.C. CIRCUIT WHICH SAID

THAT TERMINALLY-ILL INDIVIDUALS, CANCER PATIENTS, HAD NO CONSTITUTIONAL RIGHT TO DEMAND DRUGS IN TRIALS. WHATEVER THE COURT THINKS OF THIS CLAIM ON THE MERITS, IT IS A NEW CLAIM. AND MAY BE THEY WILL MAY BE THEY WON'T ULTIMATELY PREVAIL. WE DON'T THINK THEY WILL, BUT THIS IS NEW AND THE SIXTH CIRCUIT JUST SAID THAT IT SHOULDN'T BE A PRELIMINARY INJUNCTION POSTURE WHERE COURTS ARE RECOGNIZING NEW OR DIFFERENT TYPES OF RIGHTS.

TURNING TO EQUAL PROTECTION, THERE IS NO TRADITIONAL SEX DISCRIMINATION BECAUSE, OF COURSE, THE LAW PROHIBITS CERTAIN TREATMENTS FOR GENDER DYSPHORIA, REGARDLESS OF WHETHER IT'S A NATAL BOY OR NATAL GIRL.

SO WHAT THE PLAINTIFFS TELL US IS LOOK AT TESTOSTERONE, AND IF THAT IS GIVEN TO A BOY, IT'S OKAY. AND IF IT'S GIVEN TO A GIRL, IT'S NOT. THAT BREAKS DOWN. EVEN IF YOU -- EVEN IF YOU LOOK AT BOSTOCK AS THE LAW OF THE EQUAL PROTECTION CLAUSE, WHICH WE SHARPLY DISPUTE, BOSTOCK SAYS TO DISCRIMINATE IS TO TREAT AN INDIVIDUAL WORSE THAN OTHERS WHO ARE SIMILARLY SITUATED.

THERE IS NOTHING SIMILARLY SITUATED ABOUT GIVING A BOY TESTOSTERONE TO CORRECT A DEFICIENCY AND BRING HIM BACK UP TO NATURALLY-OCCURRING LEVELS VERSUS GIVING IT TO A BIOLOGICAL GIRL TO AS DR. LAIDLAW JUST TESTIFIED, INCREASE HER TESTOSTERONE BY SIX TO A HUNDRED TIMES THE BIOLOGICAL LEVEL IN ORDER TO ACHIEVE CERTAIN PHYSICAL CHANGES. WHATEVER ONE

THINKS ABOUT THOSE PROCEDURES, THOSE INDIVIDUALS ARE NOT SIMILARLY SITUATED.

I'D ALSO POINT THE COURT TO ADAMS, THE ELEVENTH CIRCUIT EN BANC FOOTNOTE 6. IT SAYS THE PROMISE OF EQUAL PROTECTION IS KEEPING GOVERNMENT DECISION MAKERS FROM TREATING DIFFERENTLY PERSONS WHO ARE IN ALL RELEVANT RESPECTS ALIKE.

THINK OF THE MILANI CASE. THERE WOMEN WANTED ACCESS TO SPORTS IN A SCHOOL THAT WERE ONLY RESERVED FOR MEN. IT WAS THE SAME THING. BUT THEY WERE TREATED DIFFERENTLY, SO THE COURT APPLIED HEIGHTENED SCRUTINY. WE DON'T HAVE ANYTHING LIKE THAT HERE.

AND I THINK ONCE AGAIN, WE COMPLETELY AGREE WITH THE COURT'S INVOCATION OF DOBBS, THAT JUST BECAUSE A MEDICAL -- NOBODY WOULD SAY THAT AN ABORTION RESTRICTION IS SEX DISCRIMINATION JUST BECAUSE THE LAW SPECIFICALLY MENTIONED WOMEN. IT REGULATES A MEDICAL PROCEDURE.

SO, ONCE AGAIN, WE'D REFER THE COURT TO THE SIXTH CIRCUIT DECISION ON THIS AND WHEN THE PLAINTIFFS TURN TO TRANSGENDER STATUS AS A NEW CLASS, FIRST OF ALL, THE SUPREME COURT HAS REJECTED HEIGHTENED SCRUTINY FOR METAL DISABILITY FOR AGE, FOR POVERTY, THINGS THAT ARE MUCH, MUCH MORE WELL-DEFINED AND INTRACTABLE THAN THIS CLASS.

YOU HEARD MULTIPLE OF THE PLAINTIFFS' EXPERTS AGREE THAT GENDER CAN BE FLUID. THERE ARE MANY DIFFERENT GENDER IDENTITIES. WPATH ITSELF -- I'D REFER YOU TO PAGE S41. IT

SAYS MANY TGV ADULTS MAY CONSIDER A RANGE OF IDENTITIES AND ELEMENTS OF GENDER PRESENTATION. PEOPLE MAY SPEND SOME TIME IN A GENDER IDENTITY BEFORE THEY DISCOVER IT DOES NOT FEEL COMFORTABLE. AND SO THIS JUST -- THIS IS JUST NOT THE TYPE OF CLASS THAT THE COURTS IDENTIFIED AS SOMETHING THAT WARRANTS THE HEIGHTENED TREATMENT RESERVED FOR SEX DISCRIMINATION.

AND JUST BRIEFLY TO ADDRESS THE BRUMBY CASE BECAUSE I KNOW PLAINTIFF POINTED TO THAT. THAT WAS A CASE THAT EXPLICITLY -- AN EMPLOYEE OF A GOVERNMENT ENTITY WAS FIRED, AND DISCIPLINED FOR NOT CONFIRMING TO GENDER ROLES AND THE COURT SAYS THAT THAT IS SEX DISCRIMINATION. BUT IT HEAVILY RELIED ON THE NOTION OF SEX STEREOTYPES AND THE LAW AT ISSUE HERE, ONCE AGAIN, IT REGULATES MEDICAL PROCEDURES. IT DOES NOT HAVE ANY BASIS IN STEREOTYPE. IT HAS NO BASIS IN ANYTHING OTHER THAN BIOLOGICAL DIFFERENCES AND SO WE THINK DOBBS AND THE RELATED CASES IS WHAT DRIVES THAT.

NOW --

THE COURT: LET ME JUST INTERROGATE THAT LAST POINT THAT YOU MADE A LITTLE BIT. TELL ME MORE ABOUT WHY -- WE HEARD COUNSEL FOR THE PLAINTIFFS TALK ABOUT GENDER STEREOTYPES HERE, AND WE HEARD TESTIMONY ABOUT THE CONDITION OF GENDER DYSPHORIA AND THE FACT -- AND WE HAVE DECLARATIONS ON THE RECORD FROM YOUNG PEOPLE WHO WERE BORN NATAL GIRLS WHO SAY THAT THEY ARE HAVING EXPERIENCE OF FEELING THAT THEY ARE A DIFFERENT GENDER IDENTITY AND THEY ARE WANTING TO MANIFEST

THAT IDENTITY IN VARIOUS WAYS THAT ARE NON CONFIRMING TO THEIR NATAL SEX.

SO HOW IS IT THAT THIS IS NOT AN ISSUE OF YOUNG PEOPLE NOT CONFIRMING TO GENDER STEREOTYPES?

MR. HARRIS: IT'S BECAUSE THE MEDICAL PROCEDURES HAVE NOTHING TO DO WITH THAT. AND, AGAIN, REMEMBER GOING BACK TO ADAMS, GOING BACK TO BOSTOCK, AND, AGAIN, WE DON'T CONCEDE THAT BOSTOCK IS THE EQUAL-PROTECTION TEST, BUT I THINK THE PLAINTIFFS HAVE RELIED ON IT. EVEN UNDER THERE, YOU HAVE TO LOOK AT WHAT IS THE SPECIFIC AREA WHERE YOU THINK PEOPLE ARE BEING TREATED DIFFERENTLY.

AND, AGAIN, DR. LAIDLAW PUT UP ON THE SCREEN THE DIFFERENCES IN THE TESTOSTERONE THAT WOULD BE GIVEN TO A NATAL GIRL VERSUS A NATAL BOY AND IT HAS -- IT IS A DIFFERENT TREATMENT WITH DIFFERENT INDICATIONS, DIFFERENT RISK PROFILES, DIFFERENT DOSAGES. I JUST DON'T THINK THE COURT CAN SAY THAT THESE ARE SIMILARLY-SITUATED INDIVIDUALS.

THE COURT: ALL RIGHT. GO AHEAD.

MR. HARRIS: I'M GOING TO TURN TO -- I KNOW YOU ASKED ABOUT THE KEY FACTS. I'M HAPPY TO OFFER YOU MINE. SO WHERE THE FACTS, OF COURSE, WOULD COME IN IS IN THE TAILORING ANALYSIS. WE ARGUE THERE HASN'T BEEN HEIGHTENED SCRUTINY, SO WE THINK IT'S RATIONAL BASIS. WE ALSO THINK IT'S EITHER RATIONAL BASIS AND REASONABLE CONNECTION OR IMPORTANT INTEREST AND CLOSE, CLOSE CONNECTION. SO WE THINK IT'S RATIONAL BASIS

BUT THE FACTS I WILL ARGUE, I THINK WOULD MEET EITHER.

WE THINK THERE ARE THREE THINGS. WHY DID GEORGIA DO THIS? AND THESE ARE ALL IN THE FINDINGS OF THE LAW, WHICH I THINK ARE IMPORTANT BECAUSE THEY ARE FULLY SUPPORTED BY WHAT YOU HEARD TODAY AND WHAT WE'VE SUBMITTED IN THE REPORTS.

FIRST, SKYROCKETING CASES IN NEW DEMOGRAPHICS COMBINED WITH HIGHLY-UNCERTAIN BENEFITS AND RISKS OF LIFELONG IRREVERSIBLE HARM. SO EVERY ONE OF THESE IS ENUMERATED IN BOTH THE FINDINGS AND THE RECORD WE PRESENTED TO THE COURT. AND WHATEVER THE LEVEL OF SCRUTINY, PROTECTING THE CHILDREN FROM PROFOUND RISKS TO THEIR HEALTH AND FERTILITY WITH TREATMENT UNCERTAIN BENEFITS IS ABSOLUTELY THE HIGHEST STATE INTEREST THERE IS.

NOW, FIRST, I THINK -- I THINK THERE IS ACTUALLY COMMON GROUND. EVERYONE, INCLUDING DR. MASSEY, AGREES THAT POPULATIONS ARE INCREASING AND THERE ARE NEW POPULATIONS. MR. MASSEY USED THE WORDS LARGE INCREASE IN THE PATIENTS HE'S BEEN SEEING IN RECENT YEARS.

THEN YOU HEARD DR. CANTOR TALK ABOUT THE DIFFERENT MAKE UP. IT USED TO BE PRESENTED -- GENDER DYSPHORIA USED TO BE MOSTLY PRESENTED IN MIDDLE-AGED MEN AND VERY YOUNG CHILDREN AND DR. CANTOR SAID COMPLETELY DIFFERENT POPULATIONS. THE YOUNG CHILDREN MIGHT BE EXPLORING OR TESTING GENDERS AND MANY WOULD DESIST. THE MIDDLE-AGED MEN, VERY DIFFERENT POPULATION, DIFFERENT TREATMENT, DIFFERENT PROFILES.

NOW IT'S SPIKING IN THE LAST 10 OR 15 YEARS AMONG ADOLESCENT GIRLS. YOU HEARD DR. SHUMER SAID TWO-THIRDS OF HIS PATIENTS ARE GIRLS. WPATH SAYS CASES AMONG ADOLESCENTS ARE TWO AND A HALF TO SEVEN TIMES MORE LIKELY TO BE GIRLS.

NOW, THE PLAINTIFFS MISCONSTRUED PRETTY BADLY WHAT DR. CANTOR SAID. HE MENTIONED SOCIAL MEDIA. HE DIDN'T OPINE THAT SOCIAL MEDIA IS CAUSING THIS. HE NOTED THAT THERE ARE A LOT OF THINGS SPIKING AT THE SAME TIME. SOCIAL MEDIA, MENTAL HEALTH ISSUES, AUTISM, DEPRESSION, ANXIETY, GENDER DYSPHORIA.

SO WHAT HE SAID IS WE DON'T KNOW WHAT CAUSES THESE, BUT SOMETHING IS HAPPENING AND IT'S NEW AND IT GIVES THE STATE COMPLETE GROUNDS TO SAY MAYBE WE NEED TO TAKE A TIMEOUT AND SEE MORE RESEARCH BEFORE WE ALLOW OUR KIDS TO BE DOING THIS.

NOW, ONCE AGAIN, I THINK WE ALSO HAVE COMMON GROUND. YOU HEARD DR. MCNAMARA. YOU HEARD OUR EXPERTS. I WALKED THROUGH TABLE C, APPENDIX C OF WPATH WITH DR. MCNAMARA. IT'S TERRIFYING. IT'S IN BOLD AS CLINICALLY SIGNIFICANT WHEN IT LISTS THE RISKS. INFERTILITY FOR MEN AND WOMEN IS IN BOLD AT THE TOP. BLOOD CLOTS IS IN BOLD AT THE TOP. AND THE NAME -- I FORGET WHICH IS THE THICKENING OF THE BLOOD WHICH IS A VERY SERIOUS CONDITION -- IS AT THE TOP FOR, I BELIEVE, NATAL MEN RECEIVING ESTROGEN, AND THAT'S NOT EVEN GETTING TO THE PERMANENCE OF THE EFFECTS.

YOU HEARD DR. LAIDLAW SAID NATAL WOMAN TAKING TESTOSTERONE HAVE DIFFERENT HIP STRUCTURES, DIFFERENT HAIR

DISTRIBUTIONS, VERY, VERY DIFFERENT DEVELOPMENT OF REPRODUCTIVE FUNCTIONS AND SEX CHARACTERISTICS.

SO ONCE AGAIN, WPATH CONCEDES THAT AND I THINK THE PLAINTIFF -- AGAIN, DR. MCNAMARA, WE WALKED THROUGH THOSE AND I THINK SHE BASICALLY CONCEDED CORRECTLY THAT NOBODY REALLY DISPUTES THE SIDE EFFECTS WHICH ARE THE HARM, BUT BEYOND THAT PHYSICAL CHANGES, WHICH I DON'T THINK WOULD BE LISTED AS SIDE EFFECTS BUT THEY ARE PERMANENT, YOUR BODY STRUCTURE WILL NOT CHANGE IF YOU DESIST FROM HORMONE LATER IN LIFE AFTER TAKING THEM AS AN ADOLESCENT.

AND SO THE QUESTION IS DO WE THINK A 14 OR 15 YEAR OLD CAN MEANINGFULLY CONSENT TO LOSING HIS OR HER FERTILITY AT A TIME THEIR BRAINS AND JUDGMENT ARE STILL DEVELOPING? AND AGAIN, WPATH STANDARD OF CARE 8 SAYS THERE ARE ONLY PRELIMINARY RESULTS FROM RETROSPECTIVE STUDIES ABOUT THE DECISIONS MADE WHEN YOUNG REGARDING THE CONSEQUENCES OF THE MEDICAL-AFFIRMING TREATMENT ON REPRODUCTIVE CAPACITY.

SO TURNING TO THE BENEFIT SIDE, IF YOU ARE GOING TO ADMINISTER SOMETHING WITH THE RISK PROFILE THAT I JUST DESCRIBED AND THAT I WALKED THROUGH WITH OUR EXPERTS AND DR. MCNAMARA, THERE BETTER BE PROFOUND BENEFITS. AND THE EVIDENCE JUST DOESN'T SUPPORT THAT.

YOU HEARD DR. HRUZ, YOU HEARD DR. CANTOR, YOU HEARD DR. LAIDLAW WALK THROUGH THE PYRAMID OF EVIDENCE AND SAY THE STUDIES THAT WE SEE CITED -- OR LET ME START WITH OURS. DX 1

THROUGH DX 5, THEY SPEAK FOR THEMSELVES. THEY'RE CLEAR AND UNEQUIVOCAL. DX 1 FROM ENGLAND, A REVIEW OF ALL -- AN INDEPENDENT REVIEW TO INFORM THE UK GOVERNMENT. LIMITED EVIDENCE FOR THE EFFECTIVENESS AND SAFETY OF GENDER-AFFIRMING HORMONES WITH ALL STUDIES BEING UNCONTROLLED OBSERVATIONAL STUDIES AND ALL OUTCOMES VERY LOW CERTAINTY. AND EVEN IN THE PYRAMID WHICH IS IN THE RECORD, IT SAYS -- I CONCEDE AND I THINK THEIR EXPERTS HAVE ARGUED AND YOU HEARD DR. MCNAMARA TALK ABOUT LOW-QUALITY EVIDENCE. WE CONCEDE THAT IT CAN BE CONSIDERED BUT, IT HAS -- FOR SOMETHING THAT'S THIS MOMENTOUS AND EVEN THE PYRAMID ITSELF SAYS IT NEEDS TO REALLY -- YOU CAN CONSIDER IT BUT YOU HAVE TO BE VERY, VERY CAREFUL ABOUT USING IT FOR CONSEQUENTIAL DECISIONS.

SO DX 5 -- I DON'T HAVE TO DO ALL OF THEM. THE COURT HEARD THE TESTIMONY BUT DX 5 WAS A SYSTEMATIC REVIEW 2023, THIS YEAR, AND THE ABSENCE OF LONG-TERM STUDIES IS WORRYING BECAUSE MANY INDIVIDUALS START TREATMENT AS MINORS AND HORMONE THERAPY IS LIFELONG.

THE PURPORTED BENEFITS WERE HAMPERED BY SMALL NUMBERS AND HIGH-ATTRITION RATES. AND THAT'S ANOTHER THING YOU HEARD THAT FROM DR. CANTOR, WHO KNOWS MORE THAN ANYONE ABOUT HOW TO EVALUATE THESE. MANY OF THESE STUDIES THE PLAINTIFFS CITE TO ARE PLAGUED BY ATTRITION RATES. BECAUSE IF YOU'RE STUDYING A GENDER-AFFIRMING INTERVENTION BUT PEOPLE LEAVE OVER TIME, THE PEOPLE WHO LEAVE THE STUDY ARE THE ONES

WHO ARE MOST LIKELY TO HAVE NOT FOUND IT HELPFUL OR MAYBE EVEN FOUND IT HARMFUL. AND SO, AGAIN, IT'S IN OUR HUNDREDS OF PAGES OF EXPERTS REPORTS, BUT WHEN YOU LOOK AT -- WHEN YOU LOOK AT A LOT OF THE PLAINTIFFS' STUDIES, YOU KNOW, THAT'S ONE THING THAT SWEDEN NOTED, AND I THINK OUR EXPERTS NOTED AS WELL.

SO JUST TO GIVE YOU AN EXAMPLE, I'LL TALK ABOUT CHEN, BECAUSE I THINK YOU HEARD LOT ABOUT CHEN FROM EVERYONE. CHEN IS A CLASSIC EXAMPLE OF A STUDY.

DOES IT TELL US SOMETHING? OF COURSE IT DOES.

DOES IT PROVE ANYTHING? OF COURSE IT DOESN'T.

WHAT CHEN DOES IS IT'S ASSOCIATION AND OBSERVATION. THEY OBSERVE PEOPLE BEFORE TREATMENT AND THEN TWO YEARS LATER THEY OBSERVE THEM AFTER TREATMENT. AND SERVE -- IT'S NOT -- THEY STUDY THE POPULATION BEFORE AND AFTER. CHEN SAYS THAT HORMONES ARE ASSOCIATED WITH BETTER RESULTS ON SOME PSYCHOLOGICAL MEASURES.

BUT WAS IT THE HORMONES THAT CAUSED THE IMPROVEMENT OR WAS IT SOMETHING ELSE? IT COULD BE ANYTHING. IT COULD BE MAYBE IT WAS THE PSYCHOTHERAPY THAT THEY WERE UNDERGOING. MAYBE THE GENDER DYSPHORIA OR THE CONDITIONS WOULD HAVE RESOLVED, REGARDLESS OF INTERVENTION. MAYBE THE PEOPLE IN THE STUDY WERE WEALTHIER AND BETTER EDUCATED AND HAD BETTER ACCESS TO HEALTHCARE THAN OTHERS. AND SO I'M NOT GOING TO SAY THAT CHEN SHOULD BE DISREGARDED, BUT IT'S GOING TO BE NOWHERE NEAR

AS POWERFUL AS SOMETHING LIKE A SYSTEMATIC REVIEW OR A RANDOMIZED-CONTROLLED TRIAL.

NOW ON THAT QUESTION, I DON'T THINK -- THERE WAS A LOT OF BACK AND FORTH ON THAT. AT THE END OF THE DAY RANDOMIZED CONTROLLED TRIALS ARE DONE ALL THE TIME, INCLUDING IN LIFE-THREATENING THINGS LIKE CANCER AND HEART DISEASE AND MANY CONDITIONS THAT ARE CERTAINLY VERY SERIOUS AND LIFE THREATENING. AND THE NOTION THAT IT WOULD BE UNETHICAL TO DO THAT HERE, I THINK IS NOT RIGHT.

AND YOU HEARD SOME TESTIMONY ON THAT, BECAUSE IT WOULDN'T BE A MATTER OF GIVING SOMEONE NO TREATMENT OR GIVING SOMEONE ELSE A FULL SLATE OF TREATMENT. BUT, OF COURSE, MAYBE THE CONTROL GROUP WOULD HAVE A SOCIAL TRANSITION PLUS PSYCHOTHERAPY AND THE TEST GROUP WOULD ALSO TRY THE HORMONES OR DRUGS.

AND, IN FACT, I'LL TALK ABOUT EUROPE IN A MINUTE BUT THAT'S WHERE IN THE BEGINNING OF DR. CANTOR'S REPORT TELL US EXACTLY WHERE THEY'RE GOING. THAT'S WHAT A LOT OF THEM ARE CONTEMPLATING, MOVING TOWARD ALLOWING ACCESS TO THESE TREATMENTS ONLY IN SCENARIOS WHERE THEY WOULD BE CAREFULLY OBSERVED AND STUDIED, SO THAT WE CAN ACTUALLY FIGURE OUT ONCE AND FOR ALL WHAT, YOU KNOW, WHERE ANY THE BENEFITS ARE.

SO IF I CAN SAY A MINUTE -- IF I CAN TALK FOR A MINUTE ABOUT SOME OF THE EXPERTS, SOME OF THE CRITICISMS WE HAVE SEEN. SO YOU SAW SOME LINES OF QUESTIONING IN ARGUMENT

THAT, YOU KNOW, OUR EXPERTS IN PARTICULAR THEY TALKED ABOUT OR I THINK THEY SAID ALL THREE WEREN'T QUALIFIED BECAUSE THEY DON'T PERSONALLY ADMINISTER HORMONES TO CHILDREN FOR GENDER DYSPHORIA. THAT CAN'T POSSIBLY BE THE RULE. BECAUSE IT WOULD EXCLUDE ANYONE WHO DOESN'T AGREE WITH THE INTERVENTION, IT WOULD MEAN THAT YOU ONLY GET ONE SIDE.

SO IMAGINE FROM A PRIOR LIFE I ONCE HAD IN A CASE ABOUT HIP IMPLANTS AND THE ONLY PEOPLE WHO COULD TESTIFY ABOUT THE HIP IMPLANTS WERE PEOPLE WHO USED THE HIP IMPLANT. WELL, OF COURSE, THE DOCTORS USING IT, USE IT BECAUSE THEY THINK IT'S A GOOD PRODUCT AND IT'S GOOD FOR THEIR PATIENTS. AND SO, I THINK IT WOULD BE AN EXTRAORDINARY RULE TO SAY THAT PHYSICIANS AND PSYCHOLOGISTS WHO KNOW THE FIELD, KNOW THE LITERATURE, USE THE -- AND EVEN USE THESE DRUGS, ALBEIT FOR DIFFERENT INDICATIONS, BUT DISAGREE WITH THESE TREATMENTS, IT CAN'T POSSIBLY BE THE RULE THAT THEY'RE NOT QUALIFIED TO TESTIFY BECAUSE THEY DON'T DO THE INTERVENTION.

NOW TO RESPOND, MR. BRADSHAW SAID ALL TREATMENTS HAVE RISKS. OF COURSE THAT IS TRUE BUT INCOMPLETE. IT'S NOT ENOUGH TO JUST SAY THAT. BECAUSE THE QUESTION IS THE SEVERITY OF THE RISKS, WHICH THEN MUST BE WEIGHED AGAINST THE BENEFITS.

IF THE RISKS ARE HEADACHES, FATIGUE, AND NAUSEA, MAYBE WE CAN, THEN, TOLERATE MORE UNCERTAINTY ABOUT THE BENEFITS. BUT WHEN WE'RE TALKING ABOUT PERMANENT BODY CHANGES AND POTENTIAL LOSS OF FERTILITY AND BLOOD CLOTS AND VERY

SERIOUS HIGH-LEVEL THINGS, THERE HAS TO BE MORE SIGNIFICANT EVIDENCE OF BENEFITS, WHICH JUST AREN'T SUPPORTED BY THE LITERATURE.

THEN, ON THE QUESTION OF THE UNIFORMITY OF THE MEDICAL PROFESSION, WE HEARD A LOT ABOUT THAT TODAY AND YESTERDAY. DO THE BIG US MEDICAL ASSOCIATIONS SUPPORT THESE TREATMENTS? THEY DO. THE MEDICAL PROFESSION IS NOT INFALLIBLE.

DR. HRUZ TESTIFIED THAT EVERY DAY STANDARDS OF CARE CHANGE BECAUSE THEY NEED TO CHANGE AS EVIDENCE AND SCIENCE AND MEDICINE EVOLVES. SO FIRST OF ALL, JUST BECAUSE SOMETHING -- AND WE CERTAINLY DON'T CONCEDE THAT THE WPATH STANDARDS ARE THE STANDARD OF CARE BUT EVEN IF IT IS, THAT IS NOT ETCHED IN STONE. THEY CHANGE EVERY DAY. THE MEDICAL PROFESSION ONCE ENDORSED STERILIZATIONS AND LOBOTOMIES FOR THE MENTALLY ILL WHICH, OF COURSE, ARE CONSIDERED HORRIBLE TODAY.

AND SO THE SIXTH CIRCUIT JUST CONSIDERED THIS EXACT ARGUMENT AND SAID FIRST OF ALL, THIS IS NOT A CONSENSUS. THEY SAID IT'S AN AREA OF ACTIVE SCIENTIFIC AND POLICY DEBATE, BUT EITHER WAY, IT CAN'T BE THAT THE MEDICAL PROFESSION CAN MAKE ITS OWN RULES BECAUSE THERE HAVE ALWAYS BEEN LIMITS ON THAT.

THE COURT: CAN YOU ADDRESS THE ISSUE OF NARROW TAILORING THAT MR. BRADSHAW HAS RAISED HERE?

MR. HARRIS: SURE. SO A COUPLE THINGS. THE ELEVENTH CIRCUIT'S ADAMS EN BANC CASE SAYS THERE DOESN'T HAVE

TO BE A PERFECT FIT BETWEEN MEANS AND END WHEN IT COMES TO SEX DISCRIM -- AND THAT'S APPLYING SCRUTINY, WHICH WE DON'T EVEN CONCEDE THAT'S THE TEST HERE BUT ADAMS SAYS IT DOESN'T HAVE TO BE A PERFECT FIT. AND THIS LAW IS TAILORED. IT'S LIMITED TO CHILDREN UNDER 18.

SO ADULTS ONCE YOU'VE REACHED THE AGE OF MAJORITY THE STATE SAYS YOU ARE COMPETENT TO MAKE THIS DECISION AND YOU MAY, THEN, UNDERSTAND THE RISKS AND TAKE THEM ON VOLUNTARILY. IT HAS A CONTINUING CARE EXCEPTION WITH NO LIMIT. IT, OF COURSE, CARVES OUT MEDICAL CONDITIONS UNRELATED TO GENDER DYSPHORIA.

AND GEORGIA, UNLIKE THE LAWS IN TENNESSEE AND KENTUCKY, DID NOT BAN PUBERTY BLOCKERS OR RESTRICT PUBERTY BLOCKERS. THAT IS IN NO WAY AN ENDORSEMENT OF THAT, BUT THE STATE TARGETED THE DRUG, IF YOU LOOK AT APPENDIX C OF WPATH, THEY TARGETED THE DRUG THAT IS MOST LIKELY TO RESULT IN THE PERMANENT, IRREVERSIBLE IMPACT. SO WE THINK THE LAW IS PLENTY TAILORED.

THEN, JUST A NOTE ABOUT EUROPE, I THINK THAT'S RELATED TO YOUR QUESTION BECAUSE WE'VE HEARD A LOT THAT EUROPE DOESN'T HAVE TOTAL BANS. IT DOESN'T BUT A FEW TAKEAWAYS FROM THAT.

DR. CANTOR WALKS THROUGH AT THE START OF HIS REPORT EXACTLY WHERE THE RESTRICTIONS ARE IN A LOT OF THESE. SEVERAL OF THE EUROPEAN COUNTRIES HAVE LIMITED DISTRIBUTION OF

HORMONES OR PUBERTY BLOCKERS TO CONTROLLED CLINICAL TRIALS, WHICH IS IMPORTANT BECAUSE IT SHOWS THAT THE DRUGS ARE, IN FACT, EXPERIMENTAL AND THAT THEY DON'T THINK THEY WOULD BE APPROPRIATE FOR A BROADER POPULATION UNTIL MORE BENEFITS ARE SHOWN.

BUT THE EUROPEAN EVIDENCE ALSO SHOWS THE STATE CAN CERTAINLY RELY ON THAT. I MEAN, AGAIN, WE HAVE -- WE HAVE EVIDENCE OF PROVEN RISKS, PROVEN PERMANENT CHANGES, AND THESE EUROPEAN STUDIES SAY AND SYSTEMATIC REVIEWS HAVE NOT SHOWN BENEFITS.

AND SO, DOES THAT MEAN THAT GEORGIA OR TENNESSEE OR ALABAMA OR CALIFORNIA WOULD HAVE TO DO EXACTLY THE SAME THING AS EUROPE? OF COURSE NOT. BUT THE STATE CAN CERTAINLY CONSIDER THE EXPERIENCE AND RESEARCH OVER THERE.

THEN, THE -- AND THEN ON THE SCOPE OF RELIEF, I WAS SURPRISED TO HEAR MR. BRADSHAW SAY THIS IS A FACIAL CHALLENGE, BECAUSE I THOUGHT THEY WERE NOT CHALLENGING THE BAN ON SURGERY. AND IF THIS WERE A FACIAL CHALLENGE AND THE COURT ENJOINED THE LAW ON ITS FACE, THAT WOULD ALSO INVALIDATE THE BAN ON SURGERY, EVEN THOUGH I THINK THEY'VE DISCLAIMED ANY INTENT TO DO THAT. SO I THINK FOR THAT ALONE, THE TEST UNDER SALERNO IS NO SET OF CIRCUMSTANCES, AND I THINK THERE ARE LOTS OF CIRCUMSTANCES, EVEN IF YOU ACCEPT, WHICH WE DON'T, THAT THERE ARE SOME UNCONSTITUTIONAL CIRCUMSTANCES, THEY DON'T CHALLENGE THE BAN ON SURGERY AND THAT WOULD ESSENTIALLY MEAN

ENJOINING IT FOR PEOPLE AT ALL AGES SO THAT WOULD MEAN --

THE COURT: CAN'T YOU -- CAN'T A PLAINTIFF IN THEORY CHALLENGE A PARTICULAR PORTION OF A STATUTE?

MR. HARRIS: YES. THAT'S AS AN APPLIED CHALLENGE, NOT A FACIAL CHALLENGE. AND SO, -- AND ALSO IN THE SCOPE OF RELIEF, AGAIN, WE WOULD POINT THE COURT TO THE GEORGIA CASE, I MEAN THIS -- AGAIN, WE DON'T THINK ANY RELIEF IS APPROPRIATE BUT, IF THE COURT FINDS -- AND I WOULD REFER THE COURT ON IRREPARABLE HARM, THE PLAINTIFFS HAVE OFFERED DECLARATIONS TESTING TO THEIR CIRCUMSTANCES. I'M SURE THE COURT HAS REVIEWED THE ONES WE SUBMITTED FROM SOME OF THE DETRANSITIONERS. THESE WERE FOLKS WHO SAID -- FROM PARENTS WHO SAID THEY HAD VERY DISTURBED KIDS WITH A LOT OF ISSUES GOING ON, MANY CO-MORBIDITIES AND BELIEVED THEY HAD THESE TREATMENTS PUSHED ON THEM.

AND, AGAIN, I THINK IT'S IMPORTANT TO SEE THAT PIECE OF THE STORY IN TERMS OF THE OVERALL BALANCE OF HARDSHIPS, INCLUDING WE ATTACHED -- AND, OF COURSE IT'S JUST A COMPLAINT SO IT'S NOT CITED FOR THE TRUTH OF THE MATTER, BUT THE FACT THAT THERE IS EVEN LITIGATION STARTING AGAINST CLINICS FROM PEOPLE WHO CLAIM I WAS PUSHED INTO A SET OF TREATMENTS THAT -- THE COMPLAINT SPEAKS FOR ITSELF. SO I THINK THAT IS IMPORTANT IN THE BALANCE OF THE EQUITIES.

AND, AGAIN, WE THINK ELEVENTH CIRCUIT PRECEDENT AND, CERTAINLY, SUPREME COURT PRECEDENT HAS VERY STRONGLY BEEN

MOVING IN THE DIRECTION OF EVEN IF THERE IS SOME SORT OF RELIEF, IT SHOULD BE LIMITED TO THE PARTIES.

SO MY TAKEAWAY WOULD BE THE COURT HEARD A LOT TODAY AND YESTERDAY ABOUT SCIENCE AND RESEARCH AND EVIDENCE. THE COURT DOESN'T HAVE TO DECIDE WHO'S RIGHT OR WHO EVEN HAS THE BETTER VIEW. THERE IS NO SERIOUS QUESTION THAT THERE ARE OPEN ACTIVE, GOOD-FAITH SCIENTIFIC DEBATES ABOUT WHETHER THESE INTERVENTIONS ARE APPROPRIATE.

AND I APPRECIATE -- I THINK NOBODY HAS ACCUSED ANYONE OF ILL WILL ON ANY SIDE. I THINK WE ARE ALL OPERATING IN GOOD FAITH TO GET TO THE RIGHT ANSWER AND -- BUT THERE'S NO REAL DISPUTE THAT THIS IS A CONTESTED, VERY-OPEN ISSUE AMONG THE SCIENTIFIC COMMUNITY AND NOTHING IN THE CONSTITUTION BARS GEORGIA FROM ACTING IN THE FACE OF UNCERTAINTY TO PROTECT CHILDREN FROM POTENTIALLY PERMANENT AFFECT ON THEIR BELIEVES.

THE COURT: CIRCLE BACK TO DUE PROCESS.

MR. HARRIS: OKAY.

THE COURT: AND THE BENDIBURG DECISION.

MR. HARRIS: UM-HMM.

THE COURT: I ASKED YOUR COLLEAGUE ON THE OTHER SIDE ABOUT THIS CASE AND I WANT TO GET YOUR TAKE ON IT.

BENDIBURG HAS SOME LANGUAGE THAT WEIGHS IN FAVOR OF THE PLAINTIFFS' CASE. HOW AM I TO -- HOW AM I TO -- THIS IS BINDING PRECEDENT; RIGHT?

MR. HARRIS: UM-HMM.

THE COURT: HOW AM I TO MAKE SENSE OF BENDIBURG IN THE CONTEXT OF THIS CASE? AND I THINK MAYBE I'M GOING TO GIVE YOU A HYPOTHETICAL.

MR. HARRIS: SURE.

THE COURT: YEAH. SO LET ME POSE THE FOLLOWING HYPOTHETICAL. SAY THE STATE OF GEORGIA DECIDED TO BAN VACCINATIONS, CERTAIN VACCINATIONS FOR CHILDREN OR LET ME TAKE A NON-POLITICIZED ISSUE.

LET'S SAY -- WE HEARD FROM DR. MCNAMARA ABOUT STEROIDS FOR CROUP IN CHILDREN AND SHE SAID -- I LEARNED A LOT YESTERDAY. SHE SAID THAT THERE IS ONLY LOW-QUALITY EVIDENCE THAT EXIST IN SUPPORT OF THAT TREATMENT.

SAY THE STATE OF GEORGIA DECIDED TO BAN THAT TREATMENT FOR ALL CHILDREN IN GEORGIA, MEANING THAT NO PARENT IN GEORGIA WOULD HAVE THE RIGHT TO ASK FOR THAT TREATMENT, EVEN THOUGH IT HAD BEEN ADMINISTERED TO A WHOLE LOT OF CHILDREN AND IT HAD SOLVED THE PROBLEM IN A WHOLE LOT OF CASES, BUT IF THE STATE OF GEORGIA THOUGHT, WELL, WE NEED TO WAIT AND SEE. WE NEED TO -- WE'RE NOT SURE ABOUT THE RISKS HERE, COULD THE STATE -- WOULD YOU TAKE THE SAME POSITION THAT THIS STATE WOULD, IN FACT, HAVE THE AUTHORITY TO SAY THAT KIND OF MEDICATION IS OFF THE TABLE AND WE, THE LEGISLATURE, ARE GOING TO TAKE THAT DECISION AWAY FROM THE PARENT AND -- SO, YEAH.

MR. HARRIS: A COUPLE OF REACTIONS. LET ME DO IT --

LET ME DO IT BACKWARDS. I THINK THAT WOULD BE UNAMBIGUOUSLY A RATIONAL BASIS CASE. I DON'T THINK THAT'S A STRICT SCRUTINY CASE. IF YOU LOOK AT LUXEMBOURG, YOU COULD AGREE OR NOT ABOUT WHETHER IT MAKES SENSE, BUT I THINK THE SUPREME COURT DRAWS A VERY CLEAR RIGHT TO REFRAIN FROM SOMETHING VERSUS AFFIRMATIVE RIGHT TO SOMETHING. AND THE COURT HAS SAID I THINK IN CRUZAN, PEOPLE HAVE A SUBSTANTIVE DUE PROCESS RIGHT TO REFRAIN FROM MEDICAL -- TO REFRAIN FROM ENTERING TREATMENT PUSHED ON YOU.

IN BENDIBURG IT WAS THAT SORT OF CLAIM BUT, OF COURSE, AS YOU SAID, THE ELEVENTH CIRCUIT REJECTED IT ULTIMATELY, EVEN THOUGH THE CHILD WAS PHYSICALLY TAKEN FROM THE HOUSE AND THEN IN THE CUSTODY OF THE STATE AND FORCIBLY TREATED, BUT, TO -- SO I THINK IN YOUR HYPOTHETICAL, I THINK IT WOULD BE UNEQUIVOCALLY A RATIONAL BASIS CASE, JUST LIKE THIS ONE SHOULD BE AND THE STATE WOULD HAVE TO SHOW THAT ITS DECISION WAS FOR A LEGITIMATE INTEREST AND RATIONALLY RELATED.

AND SO MAYBE IF THERE WERE -- MAYBE IT WERE AN INDICATED USE WITH MUCH -- THE SIDE EFFECTS FOR FATIGUE, HEADACHE AND LETHARGY, THEN THE STATE COULDN'T MEET ITS BURDEN. AND, YOU KNOW, COULD SHOW A BETTER BENEFIT SO. THE STATE COULD STILL HAVE A BURDEN UNDER RATIONAL BASIS JUST AS I ACKNOWLEDGE WE DO TODAY. BUT I THINK IN YOUR HYPOTHETICAL, IT WOULD NOT BE A STRICT SCRUTINY CASE. I THINK LUXEMBOURG BRINGS THAT HOME.

I THINK PIERCE IS HELPFUL. PIERCE IS ONE OF THE

FIRST CASES EVER ABOUT PARENTAL RIGHTS AND I THINK PIERCE SAYS -- PIERCE SAY PARENTS HAVE A RIGHT TO DECIDE WHETHER TO SEND THEIR CHILDREN TO PRIVATE SCHOOL OR PUBLIC SCHOOL. I THINK THEIR THEORY WOULD BE IF PARENTS IN PIERCE CLAIMED A RIGHT TO SEND THEIR CHILDREN TO A PUBLIC SCHOOL WITH A CURRICULUM ON GENDER THEORY, THE PARENTS HAVE A RIGHT TO DIRECT THE UPBRINGING OF THEIR CHILDREN. THEY DON'T HAVE A RIGHT TO AFFIRMATIVELY REQUEST INTERVENTIONS AND I DON'T THINK THERE'S ANY CASE WE'VE SEEN, ESPECIALLY AGAIN IN A LIKELIHOOD-OF-SUCCESS POSTURE, WE ARE NOT JUST IN A 50/50-POSTURE THAT SHOWS ANY SORT OF RIGHT LIKE THAT.

AND I THINK JUST -- I THINK SOME OF THIS CAME UP AT THE STATUS CONFERENCE. I KNOW I WASN'T THERE BUT JUST TO CONCLUDE -- AND OF COURSE, THE STATUS OF THE ALABAMA CASE IS IN THE ELEVENTH CIRCUIT. IT WAS ARGUED IN NOVEMBER AND STILL WAITING TO BE DECIDED. SO HOWEVER THAT'S RESOLVED, I HAVE A FEELING IF THAT COMES OUT I CERTAINLY WILL BRING IT TO YOUR ATTENTION, BUT THAT OBVIOUSLY ONE WAY OR ANOTHER COULD AFFECT WHAT THE COURT DOES HERE.

THE COURT: YES, I DID SEE THAT THE CASE IS IN THAT POSTURE.

MR. HARRIS: UNLESS THE COURT HAS FURTHER QUESTIONS, I HAVE NOTHING FURTHER. I WOULD URGE THE COURT TO DENY THE MOTION.

THE COURT: THANK YOU VERY MUCH.

THANK YOU FOR YOUR ARGUMENT.

ANYTHING, MR. BRADSHAW? ANY REBUTTAL?

MR. BRADSHAW: JUST REALLY QUICKLY, YOUR HONOR.

ONE POINT THAT I WANT TO MAKE AND I MEANT TO MAKE IN MY CLOSING AND THAT'S THE -- AND IT GOES TO MR. HARRIS'S POINT ABOUT NARROWLY TAILORING THAT STATUTE ALLOWS PUBERTY BLOCKERS THAT BANNED HORMONE THERAPY. PUBERTY BLOCKERS WE DON'T THINK WE THINK THAT'S A DISTINCTION WITHOUT A DIFFERENCE. PUBERTY BLOCKERS WERE NEVER MEANT TO BE A LONG-TERM SOLUTION FOR GENDER DYSPHORIA. PUBERTY BLOCKERS ARE THE FIRST STEP IN A SERIES OF INTERVENTIONS THAT ARE CONSIDERED AS A WHOLE FOR TREATING GENDER DYSPHORIA AND THERE ARE SERIOUS PSYCHOLOGICAL AND PHYSICAL CONSEQUENCES FOR PROLONGED USE, SO THE IDEAS THAT SOMEHOW MERITS OF PUBERTY BLOCKERS, THE IDEA -- AND AS DR. SHUMER TESTIFIED, NO JURISDICTION ANYWHERE, ANYWHERE, IN THE WORLD HAS ALLOWED PUBERTY BLOCKERS BUT BANNED HORMONE THERAPY. GEORGIA IS THE FIRST ANYWHERE. TALK ABOUT EXPERIMENTAL.

AND, FINALLY, WE JUST AGREE WITH YOUR HONOR IN TERMS OF FACIAL CHALLENGE. THE FACT THAT WE'RE NOT CHALLENGING THE SURGICAL BAN HAS NO BEARING ON WHETHER OR NOT AN INJUNCTION FOR THE PARTS OF THE STATUTE THAT ARE BEING APPLIED ARE -- THE PARTS THAT ARE BEING CHALLENGED, IS THAT THE INJUNCTION SHOULD BE APPLIED STATEWIDE. THANK YOU, YOUR HONOR.

THE COURT: THANK YOU. ALL RIGHT. I KNOW THAT

THERE ARE SIGNIFICANT INTERESTS ON BOTH SIDES HERE AND THAT YOU ALL ARE EAGER TO GET A RULING. I NEED TO PROCESS THE EVIDENCE THAT WE'VE HEARD IN THE LAST TWO DAYS AND TAKE SOME ADDITIONAL TIME TO MAKE SURE THAT I GET THIS RIGHT. SO I'M NOT GOING TO RULE FROM THE BENCH TODAY BUT I WILL GET YOU A WRITTEN ORDER AS SOON AS I POSSIBLY CAN.

AND I WOULD LIKE TO THANK ALL OF THE COUNSEL HERE. I KNOW -- I CAN IMAGINE THAT A GREAT DEAL OF BEHIND-THE-SCENES WORK AND NEGOTIATIONS WENT ON TO ENSURE THAT THESE PROCEEDINGS RAN AS EFFICIENTLY AS THEY DID, AND I APPRECIATE THAT.

IS THERE ANYTHING ELSE THAT WE SHOULD DISCUSS BEFORE WE ADJOURN?

MR. BRADSHAW: NO, YOUR HONOR.

MR. STRAWBRIDGE: NO, YOUR HONOR.

THE COURT: ALL RIGHT. THANKS TO ALL.

(THE PROCEEDINGS CONCLUDED AT 3:12 P.M.)

REPORTERS CERTIFICATE

I DO HEREBY CERTIFY THAT THE FOREGOING PAGES ARE A TRUE AND CORRECT TRANSCRIPT OF THE PROCEEDINGS TAKEN DOWN BY ME IN THE CASE AFORESAID.

THIS, THE 28TH DAY OF AUGUST 2023.

/S/MELISSA C. BROCK RPR, RMR
OFFICIAL COURT REPORTER